

JOURNAL OF NURSING

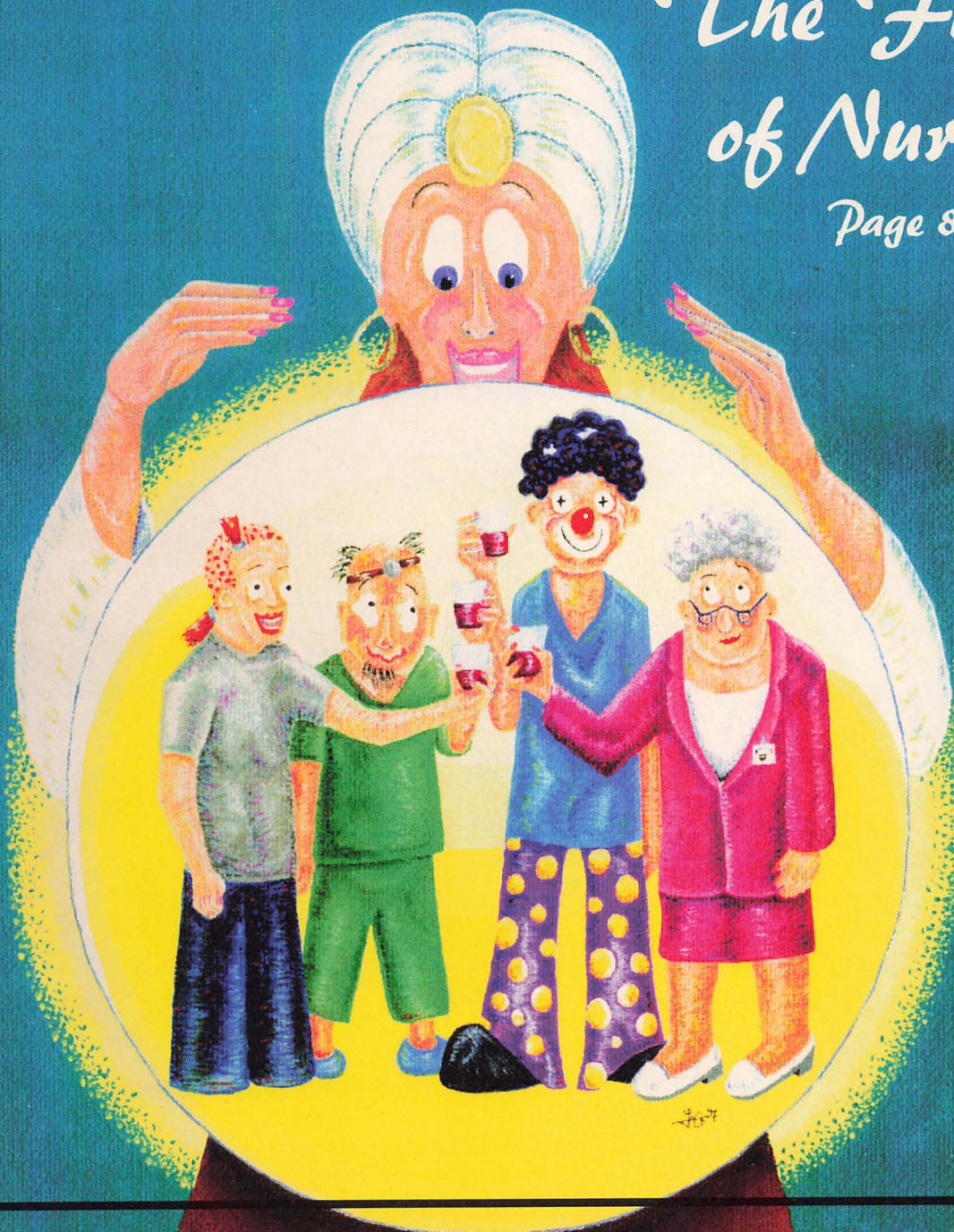
# *Jocularity*

The Humor Magazine for Nurses

Volume 7, Number 4 - Winter, 1997

*The Future  
of Nursing*

*Page 8*





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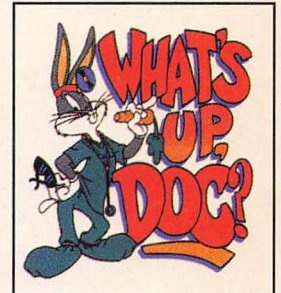
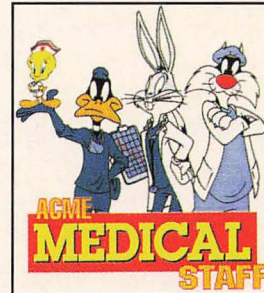
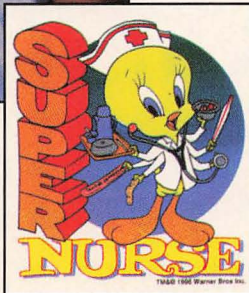
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Journal of Nursing  
*Jocularity*<sup>®</sup>  
**Table of Contents**  
**Winter 1997 - Vol. 7, No. 4**

**The Future of Nursing** by Luis Needle, RN **8**  
Illustrations by Laura Georgevich, RN

**Augmenting Consulting Physician Assessment Tool** by Terri Quillen, RN **13**

**Holiday Decompression** by Delila R. Chrisp, RN **14**  
Illustrations by Jim Allen, RRT, MS

**Romantic Problems and Your EKG** by Patricia Agostino, RN, CEN, CCRN **16**

**Holiday Nursing Exam Questions** by Sandie Molloy, MSN, RN **20**

**Home Health Hotline** by Marion Jackel Wilson, LPN **22**

**How to Cope with Right Sizing** by Laura T. Hall, RN, MN, CNS **24**  
Illustrations by Josephine Strauss, RN

**Classified Advertisement Translations** by Edith A. West, MSN, RN **28**

**Ten Reasons for Working Short-Staffed** by Frances Kiefer, RN, MSN **29**

**The Magnet** by Carol Cramer RN, BSN, CEN **30**  
Illustrations by Mike Moon, RN

**You Know You Need a Second Opinion When . . .** by Terri Quillen, RN **34**

**Is This a Hotel?** by Holly D. Inn, RN **35**

**Doctor Types and How to Deal With Them** by Christine Stephens, RN **36**  
Illustrations by C.J. Miller, RN

**How Nursing School is Like Pregnancy** by Brigid Nave, RN **39**

**Humor and Hostility** by William F. Fry, Jr., MD **40**

**When You Call A Nurse for Advice** by Karen Spencer, RN, ADN **42**

**The Wonders of the PDR** by Micki Warner **43**



## Cartoons

25 Empathy Night  
by Samuel Engs, RN

26 911  
by Don Marquis

27 IV League  
by Mark Ayers, RN, MS

27 Vice President  
by Carl Elbing, RN, BSN

39 Abused?  
by Wayne Christiansen, RN

43 Monster  
by Carl Elbing, RN, BSN

45 PVCs  
by John Wise, RN

46 Nurse of the Future  
by Wayne Christiansen, RN

47 The Adventures of PMS, the  
PM Supervisor  
by C.J. Miller, RN

49 CDC Parking  
Reprinted by permission from  
Uncle Stan's Profusely Illustrated  
Calendar by Jim Middleton, RPh

55 I've Fallen  
Reprinted by permission from I'm  
Not an Ambulance Driver 2  
by Steve Berry, NREMT-P

57 I'd like . . .  
Reprinted by permission from The  
Original Missionary Position by Dr.  
Brian Moench

59 I've Heard Wonderful Things  
Reprinted by permission from  
Not Now, . . . I'm Having a No  
Hair Day by Christine Clifford

## Departments

### Editor's Note 5

### Stethoscope: Listening to Our Readers 6

#### Stories From The Floor

Edited by Mark Darby, RN 18  
Illustrated by C.J. Miller, RN

#### Call Lites, The JNJ Joke Collection

Edited by John Baringer, RN 26

#### Liven Up! Fun for Folks at Work

Edited by Colleen Gullickson, RN, PhD 32

#### Student Nurse Cut-Ups

Edited by Judith Vallery, EdD, RN 38

#### Nurse's Notes

by Joan Hoover, MS, RN, Katherine M. Link, BSN, RN  
and Jane Schweppe, RN 44

#### Games and Puzzles 50

Nursing School Wordfind by Sandie Molloy, RN, MSN  
Anacrostic by Liz Schultz, CRNA, MS

#### Classified Ads 55

#### HumoRx

by Karyn Buxman, RN, MS 56

#### Jest for the Health of It

by Patty Wooten, BSN 58

#### Punchline Puzzler

Illustrations by Carl Elbing, RN, BSN  
and C.J. Miller, RN 60



# Journal of Nursing *Jocularity*

The Humor Magazine for Nurses

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# MUSINGS

## FROM THE EDITOR

I have witnessed a miracle. I was honored to be a part of the first production of *Who's Got The Keys?*, the only musical comedy about nursing, produced by the *Journal of Nursing Jocularity's* Doug Fletcher.

Consider how much work it takes to visualize, create and put on a two-hour musical comedy. Twenty people singing and dancing. Think about how much time and talent it takes to write the songs and funny script, create costumes, props and scenery.

And our twenty-four experienced creators and performers were almost all nurses, with a physician, a pharmacist and a medical transcriptionist thrown in to ensure multidisciplinary representation. They came from all over the country, including New York, Michigan, Florida, Massachusetts, California, Kentucky, Arizona and Pennsylvania.

Imagine writing the play and coordinating the tasks and roles over e-mail and telephone. The performers not only studied scripts, but used audio and video tapes to learn the songs and dances.

Then, two months before the performance, a handful of the performers attended one intense weekend of rehearsal

in New York. And the whole cast met for the first time, in Disneyland, three days before the dress rehearsal, to pull it all together.

Impossible, right?

It happened. I saw it with my own eyes. And it was glorious.

Oh, it had its ugly, painful moments, too. Like when the fog machine set off the fire alarms at the Disneyland Hotel. The players

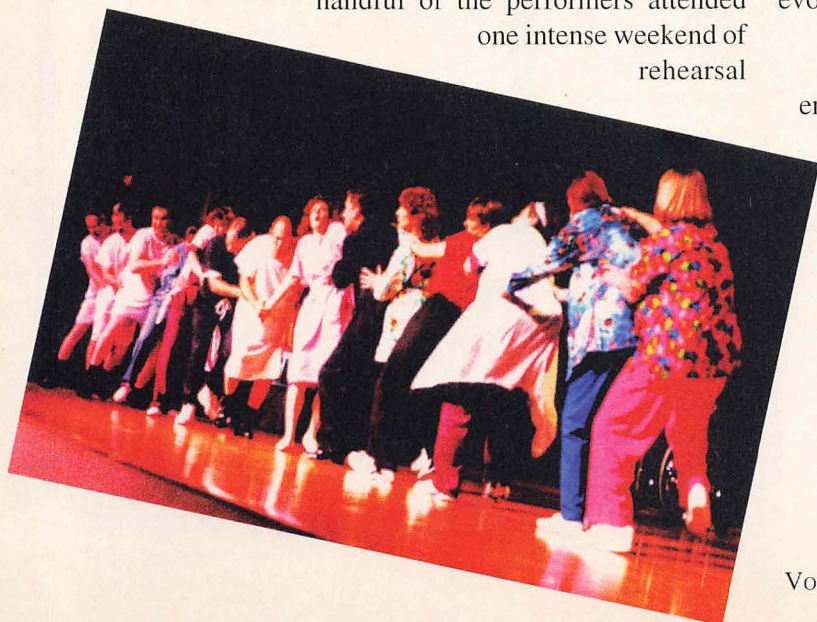
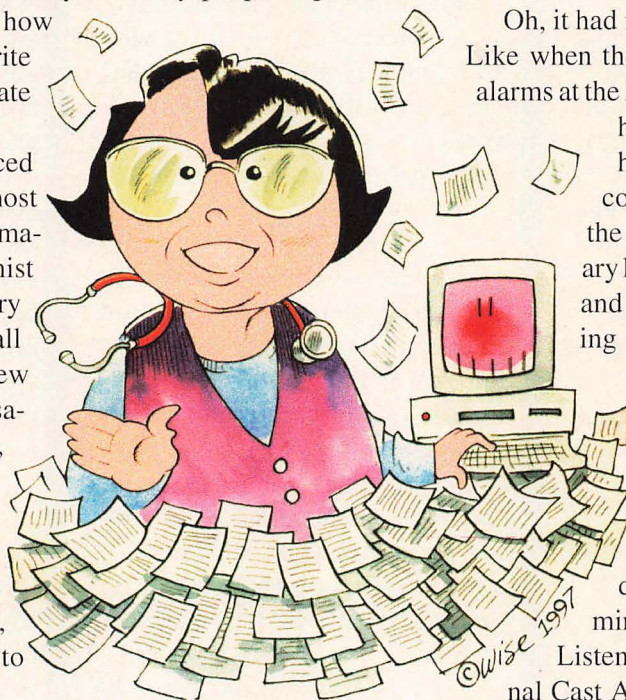
had to maintain their senses of humor to get through it. Our compassion for one another kept the group connected. Our visionary leadership inspired enthusiasm, and teamwork got the energy flowing toward the shared goal. It worked! The power of the message hit the audience loud and clear, as evidenced by the standing ovation.

We came out with a high quality production. If you don't believe me, witness the miracle yourself. Watch the video.

Listen to the tape or CD of the Original Cast Album. The talent-filled musical is funny, inspires you to sing and dance along and evokes uplifting hope for the future of health care.

And nurses did it.

You know, sometimes we just don't give ourselves enough credit.



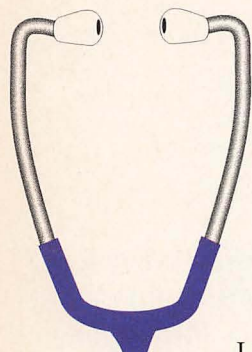
Fran London

Fran London, MS, RN  
Editor



# Stethoscope:

## Listening to our Readers



I love this magazine! I ran across my first issue while in nursing school and felt that it was my savior during those horrible times! I now work in the ER and constantly take a copy to work with me. We all take time out to laugh, cry, and marvel that "that exact thing happened to me . . ." The Fall '97 issue is a real keeper. We sat around and decided who fit the "Aberrant Physician Types," we died over the managed care article, and decided that the "Questions" article was too true! I want to thank you guys for the stress relief . . . you keep me sane!

*Leigh Wilson  
Mooreville, NC*

Thanks for injecting some humor into my day. My Fall '97 issue was waiting for me when I got home from work the other night. I always find something hysterical. I have taken some to work, and as yet, haven't had any complaints. For those who are offended, to each their own. Keep it coming!

*Meg Toner RN  
Philadelphia, PA*

I am always astounded by nurses writing to Stethoscope with complaints about your superlative Journal. I imagine them to be severely constipated Sairy Gamps one and all, who would self-righteously initiate a full code on a 104

year old woman in TBF who has current DNRs all over the place, DNR requests by the entire family and DNR tattooed on her forehead, chest and back in four-inch high letters. . . *JNJ* takes the gory, gruesome side of nursing and throws it back (up?) at us in a way that only someone with nursing mentality can find tear-jerkingly hilarious. . . While some readers may think *JNJ* is making fun of our patients, it is actually making fun of our situation. And sometimes that's the only thing that gives us the courage to go on to work.

*Ms. Talyah Fineberg, MSED, LPN  
Jersey City, NJ*

Just want to say thank you for your sick sense of humor, it really helped me make it through school. Now that I am an RN (real-nerd), I want to share your magazine with my preceptors who assisted me to make the painful but truly horrible transition from student to floor nurse. I am now convinced I should have majored in underwater archaeology, but it wasn't offered at East Tennessee State U. Thanks for the Ha's. . .

*Anita Perry, RN  
Johnson City, TN*

Our hospital just switched to managed care (though they won't admit it). After coming back from an eleven day vacation I was informed our unit was switched to 12 hour shifts and staff has been cut drastically and all our FTEs were cut down. I left this morning in tears. I read your article, "You know your hospital is practicing managed care when . . ." and I burst out laughing. The joke around the hospital is each DM will only be issued one lancet upon admission. Once again your

magazine has come at the perfect time. Thank you!

*Joyce  
via Internet*

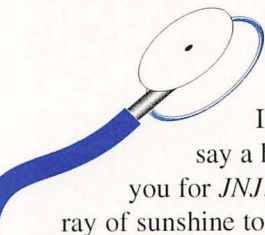
I'm a staff nurse at an intensive care unit, mainly specializing in post-cardiac surgery. Recently I encountered your magazine through one of the (now unemployed!) hospital educators. We've been experiencing cuts all over the place (staff rather than patients), and were feeling kind of blue. Your magazine brought a chuckle to our night duties and puzzled the medical staff to no end. Needless to say that I am keen not to lose out and would like to subscribe so that my colleagues and I can benefit. I'm also on the Peer Support and Debriefing Team and can see this as a valuable tool. . . I'd like to subscribe for a year and maybe even purchase a subscription for my unit.

*Ruth Marks  
Auckland, New Zealand*

This is a too cool web page. I have been receiving *JNJ* for about, I think, 6+ years now. I think this is a great, great mag for all the sick puppies in our field. I am an ER RN in CA. Now working at two hospital ED depts. Our hospital was bought out and then closed! Your mag has got me through some hard times. I commend all of you! I've always promised the next time I get to AZ, I will be by and look you up. . . Too bad I didn't know this a few years ago, my friend lived in Gilbert, AZ. You know, your neighbor next door. Well . . . keep up the great work. The stupider, the better . . . Your friend for life!

*Shiela Robitaille, RN  
via Internet*





I'd just like to say a heartfelt thank you for *JNJ*. It's given a ray of sunshine to this Correctional Nurse, and to the other nurses in the Unit where I work. We enjoy reading about how "free world" nurses cope with some of the same situations we face. Keep up the good work!

*S. Humbird  
Loveland, TX*

After being in health care for 26 years (20 in the Navy as a Hospital Corpsman and 5 as an RN), it's a pleasure to see a place where nurses can give voice to their frustration with a touch of humor. I've always said taking things too seriously is bad for your health.

*Elaine Robson  
Spring Valley, CA*

I have been a subscriber for several years. It seems that when I'm in need of a pick me up my magazine arrives. I would rather laugh than cry and that is exactly what I would wind up doing sometimes if it wasn't for some of the articles in *JNJ*. I don't always like all of the articles but each to their own. It seems rather narrow minded to read some of the input from fellow nurses when they think the humor in *JNJ* is unprofessional. Unfortunately, I have had the misfortune to have worked with nurses with absolutely no sense of humor. I think they should get a life. Love the magazine. Keep up the good work.

*Donna Coup, RN, CNOR, CRNFA  
Fort Worth, TX*

I am a psych nurse and we do need more humor so that I won't have any of us as patients.

*Marjorie King  
Syracuse, NY*

I'm a nurse/tutor/corporate trainer: I use material from your magazines to liven up my training classes of nurses. I also use several "props" from your catalog—particularly some of the T-shirts for teaching CPR, etc. I often talk about Nursing Humour in the context of Stress Management for Health Care Professionals. Suggestion: How about offering some of the Medical Humour Videos that are available. We use one from Australia which is good.

*Terry Weblemoe  
Pukekohe, New Zealand*

I work nights and was surfing the net and found you. I sat here and laughed so hard at some of the cartoons that my dog got worried about me. I am a Med/Surg nurse with the Air Force and have worked in the every interesting Emergency Department with the Army also. So much of the cartoons and stories were right there. Keep up the good work. How about a little military nurse humor. We have the added experience of the military as well as nursing. Are there any military nurses (current and past) out there?

*Jo  
via Internet*

Thanks for the excellent stress relief after a long day at work! A good laugh is hard to come by when it comes to the "black humor" stuff. Not too many people can appreciate the humor in it, except fellow nurses. Keep up the great work!

*Paula McCarthy  
Fitchburg, MA*

I remember a teacher I had in school who continually gave us handouts with the strangest of questions and I noticed they came from the *JNJ*. Today I discovered, to my complete surprise, the site. Wow. She made us do the "Who's Got The Keys?" dance. Well it



certainly left an impression on me. I really enjoyed the Bono test to determine if I was getting burned out.

*Paul  
via Internet*

What a hoot! Long overdue! I am a hospice nurse, and believe me, we really need a laugh at the end of the day. Thanks again.

*Heather Schmitt, RN, CRNH  
Jacksonville, FL*

**Correction:** Much of the "Top Ten Ways to Know You Are an ER Nurse" printed in Fall 1997 *JNJ* was taken from the list, "You Might Work in the Emergency Department if..." by Michael Seaver, RN, EMT-D. You can see the entire list at web site: <http://www.wp.com/bytebloc/embsites.html#Humor>

**Publisher Note:** Often I hear from our faithful readers that their favorite letters to the editor are the negative ones from nurses that think the *JNJ* is an atrocity. Usually about 2-3% of the mail we get is like that. Amazingly enough, we didn't get a single negative letter since the last issue. Are we slipping?

Send your correspondence to: *JNJ* Stethoscope, P.O. Box 40416, Mesa, AZ 85274 or email to [LaffinRN@Neta.com](mailto:LaffinRN@Neta.com). We reserve the right to edit letters for length and clarity.





# THE FUTURE OF NURSING OR

## HALF A FUTURE IS BETTER THAN NONE

BY LUIS NEEDLE, RN

	<b>Nursing Employment</b>	
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The ad for Shurwell Industrial Hospital caught my eye. After years of battling with upper echelon nurse managers who had more letters after their names than in them, this seemed like something I should look into. I had decades of experience with patients; I felt ready to get some respect. Yes!

So I made the required appointment and got there early in my whites, taking the shuttle from the massive parking lot past rows of trees perfectly trimmed to look like each other. The outside looked like a futuristic movie set from the 40's or Flash Gordon—perfect in every way.

The inside, on the other hand, was chaotic. Not the

room—that was perfect: color-coordinated and clean. It was the line of people waiting for admissions holding their proof of insurance, in a random selection of colors,

sizes, shapes, and voices that seemed out of place.

But I, following my instructions, bypassed that part and opened the door marked Personnel, expecting to see a waiting room with a receptionist. Instead, there was only a desk, two chairs, and a clock to show I was early. Of course. Very efficient.

At the appointed hour, someone did arrive. Dressed like a management type with no identification except a Shurwell logo on her lapel where my nursing pin was, she smiled and shook my hand.





"Hello, Laura. You're right on time. Of course, if you had been late, your application would have been rejected."

"I don't have one yet."

"We don't give them out till after the tour. Some people aren't ready for this type of work."

"I'm an RN."

"Oh, that's all right. It won't be held against you. We do Client-Focused Care here. When admitted, each Client is assigned to a Critical Path with a Collaborative Case Management Plan (CCMP), a time line, intermediate goals, Standards of Compliance (SOC), Client-Centered Personalized Facets of Treatment (CCPFTs), and Final Goals of Hospital Inclinent Juxtaposition Key Labeling Mainly Necessary Oxymorons (FGHIJKLMNOs). Everything is all set for each one. Nurses aren't really needed anymore."

"Who manages bowel and bladder problems?"

"Oh, they go through so fast, they don't have time to poop. If needed, the CCAs can take care of it."

"CCA?"

"Client Care Assistant. Here, let me show you our system."

She took me into a small ante-room, empty except for a large dart board with colored areas on it.

"Here is our Multidisciplinary Action Plan (MAP) from which we choose which team takes care of the client's management. This represents the Client." She held up a CBC-sized dart. "This represents the Client in the Hospital environment." She arched the dart across the room, where it hit the board sideways and fell to the floor. She was dumbstruck, as if her battery had run out. Then, she picked it up, resumed the position, and tried again, this time successfully lodging it in a green area marked "D." Without explanation but with a clear sense of relief, she led the way to another door. I came to think of her as Ms. X, since she had not yet identified herself. Nor did she seem to have any interest in knowing anything more about me. She reminded me of someone from a Burger King commercial or MCI, someone with a pocketful of winks and smiles and confidence.

The next room looked like NASA's Mission Control—walls of TV screens and other monitoring equipment in groups around eight or ten swivel chairs. Some included people similarly smartly-dressed with Shurwell pins. No code browns for these folks.

"This is Care Central, where the Client Care Coordina-

tors (CCCs) are. This is one of the jobs available to you, should you decide to accept it. Let's watch Jane, here." Jane was alert and professionally engrossed in her task, evaluating a selected supermarket novel without being distracted by the TV screens and various flashing lights before her.

"What are your clients today, Jane?"

Jane demonstrated her expertise at reading the cards posted beneath each TV screen. "C12 is here for a liver biopsy, G11 for a heart bypass, J5 has pneumonia, M10 needs a kidney transplant. N9 had a heart attack, Q2 has chronic polyarthritis, Q7 has irrefutable bowel syndrome..."

"Seems like a lot to keep track of," I said. "Doesn't the bypass alone need pretty close monitoring?" Jane's fingers danced across the buttons and the screen in front of her lit up with the CCMP for Heart Bypass, including times to start and finish all procedures, equipment, and drugs.

"Nipride 10mc/kg/minute? Isn't that a lot?"

"Doctor's orders," they said in unison.

"Each doctor enters a plan for each diagnosis, or purchases a program," offered Ms. X, "that includes the CCMP, timeline, intermediate goals...The Hospitron takes it from there."

"Hospitron?"

Jane played with the buttons again and the CCMP was replaced by a running 12-lead EKG, HR, ABP, PAP, CVP, CO/CI/SVR, and temp.

"Quite a few PVCs." My hosts had no comment. The Hospitron did, though. Underneath the various waves and numbers it said:

'1424: Premature Ventricular Contractions averaging 15/minute. Unresponsive. BP trending down. Sodium Nitroprusside reduced to 1 mc/kg/minute. Instacrit 15. Requisition for 2 units PRBCs made to blood bank.

'1425: Premature Ventricular Contractions averaging 16/minute. Unresponsive. BP trending down. Sodium Nitroprusside off. Norepinephrine on at 1 mc/kg/minute..."

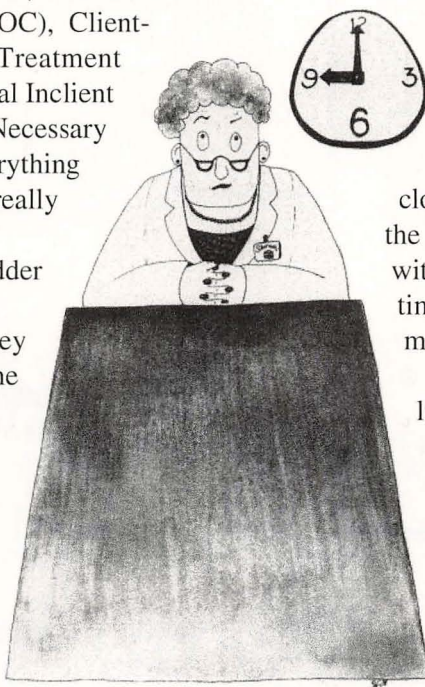
I glanced up at the screen for G11 and noticed what seemed to be a total dehiscence, blood pouring out on the bed. Jane was occupied with her serial murder.

"I notice that your charting doesn't use Nursing Diagnosis or SOAP or DAR or PIA or ND/PP formats."

Ms. X: "I think the Hospitron records what happens each minute, following the CCMP..."

G11 was now in Vtach.

'1427: Ventricular Tachycardia. Lidocaine 100 mg





IVP given...'

The BP was still trending down. Blood was all over the bed. Suddenly, the screen flashed a red "VARIANCE" on and off and there was a video game beep. Jane looked up.

"Sharon—take G11: he missed an intermediate goal." Some buttons pushed and both screens went blank. Jane returned to her work.

"Jane doesn't take variances?"

"No—Sharon does, over there." Sharon was on the phone.

"Is she calling for orders?"

"No, she's notifying the doctor of the variance."

"He won't give her orders?"

"Why? Even if she understood them, what could she do? The doctor uses Laptop Linkage System (LLS) to modify the CCMP in the Hospitron."

"Will he come to the hospital?"

"No."

"Will someone go into the room and put some dressings on to stop the bleeding?"

Battery problems again. "The CCAs will change dressings, if ordered."

"So, who is responsible for taking care of the patient?"

"Client."

"Yes."

"The CCC." At that moment, Jane took a sip of her Coke. At approximately the same time, all the other CCCs did the same. "Well, actually, the Hospitron collects data and regulates the care, but the CCC runs the Hospitron. NO, actually, the Hospitron just follows the CCMP and the CCC watches the case in case there's a variance."

"And then it gets shifted to Sharon."

"Yes, or Beth or Trinidad. Whoever's here. I can see that you understand the role of the CCC now. Let's move on."

The next room was a vast open space called the Critical Path Matrix (CPMx). It was a transparent ceiling revealing below a system of wide conveyor belts moving the Patient Units (PUs) along toward their FGHIJKLMNOPOs. There was a path between pairs of PUs giving access to CCAs,

should they be needed. Here and there one could be seen, dressed in white. Each room had a camera and the surgical rooms had a metal octopus attached to the ceiling which a doctor could use to perform surgery below—we could see one hysterectomy in progress—or just have it done through a purchased program, bypassing the need for the physician to have actual surgical skill. Randomly scattered through the space were groups of white-coated people, apparently

doing rounds. The ultimate in infection control—no patient contact. No client contact, rather.

"It saves a lot of money having no operating room staff to pay."

"Yes, indeed. You're very smart. Let's go look at a CCA."

Look at a CCA? Look at a Client Care Assistant?

"She's a Sony DXP54-RN, the latest in Client Care. Heavy base for stability with ball-bearing mobility instead of wheels, enabling floor as well as hip-level swiveling. One heavy grip claw and one soft claw for things like bathing and back rubs..." No chocolate binges, no coffee habit.

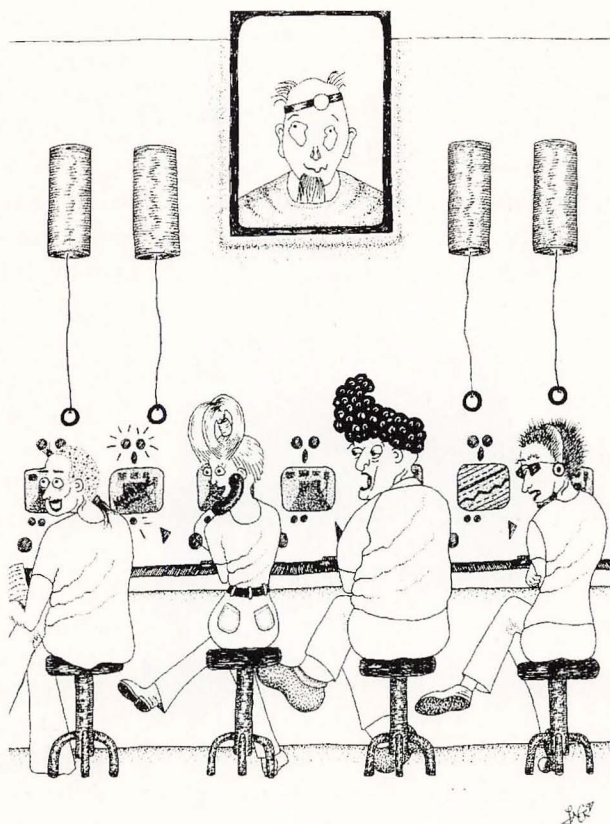
"Do you have any robot-Clients?"

"We have tried a few. Still being developed, of course. No variances, though. They're very

good about keeping on the Critical Path."

So, I received my application with a lot of encouragement. six dollars an hour didn't seem like much of an enticement to explore the future of nursing, but I suppose there was an element of status and job security to consider, too. My colleagues had heard that nurses working at Shurwell lost their licenses—which is to say, dropped them. They didn't bother to renew because it wasn't required. Neither was CPR or ACLS, for that matter. CCRN? No way.

I was tempted. Maybe I could rise to a job like Ms. X if I worked there long enough. It seemed to be the only other job that required people in their place. But I've never been much of a reader. Maybe if they'd get a screen hooked up to cable. I could be in the forefront of health care and watch "Chicago Hope," "ER," or "Beavis and Butthead" at the same time. Yes!





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## HUMORX



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# Augmenting Consulting Physician Assessment Tool (ACPAT) by Terri Quillen, RN

## **Memo:**

To all PUSHTO (Poor Uncle Sam Has Taken Over) employees and affiliates of the Only Hospitals Network Organization (OHNO)

## **Notice:**

Effective immediately, or date whereby this memo is posted, reaches your desk or is otherwise shared with subordinates.

As you are aware, your facility has been purchased by network member provider (NMP) Standard Hospitals Incorporated, Tulsa (SHIT). You are now working in the Value Assured Tertiary System (VATS) of Standard Hospitals Inc., Tulsa (SHIT). The purpose of this memo is to acquaint you with our Provider Operated Organizational Procedures (POOP).

Please carefully note the following POOP, as it pertains to Only Hospitals Network Organization—Health Maintenance Organization (OHNO-HMO) employed primary care physicians (PCPs).

Due to the nature of OHNO—HMOs, selection of a PCP may be restricted or prohibited. In cases of prohibition, whereby the responsibility is borne solely by the provider, patients, here forward referred to as clients, shall be informed of the non-selection process. The registered nurse crisis manager or case manager (RNCM) and Quality Care Containment Coordinator (QCCC) (formerly the QAM, Quality Assurance Manager) will use the Augmenting Consulting Physician Assessment Tool (ACPAT) in determining the necessity of an alternative primary care giver (APCG), network emergency room designation (NERD) or outside network care/all (ONCALL) physician.

All client comments, queries and requests for accommodation beyond normal OHNO-HMO business hours (9 to 11:30 a.m. and 2:00 to 4:00 p.m.) will be directed at managing nurses (DAMN), who will be responsible for Telephone Interview Provider Selection (TIPS). Determination that a NERD or ONCALL physician is required will necessitate instituting Delay Required Alternate Source Totally Inclusive Care (DRASTIC) plans, and immediate notification of the Benefits Manager (BM), and Creative Risk Associate Personnel (CRAP), including Outside Network Care/All (ONCALL) Legal Aid Medical Emergency (LAME) attorneys.

We expect 100% compliance with this Provider Ordered Organizational Procedure (POOP). Failure to comply may result in Standard Hospitals Inc., Tulsa (SHIT) instituting High Intensity Training, Tertiary in Network Group (HITTING) for the Failure About Notice (FAN).



# HOLIDAY DECOMPRESSION

BY DELILA R. CHRISP, RN



The night was quite chilly  
and the stars were out bright.  
The hospital patients  
were all tucked in tight.



When just nearly midnight,  
the place started to shake.  
patients hid under beds  
in fear of a quake.

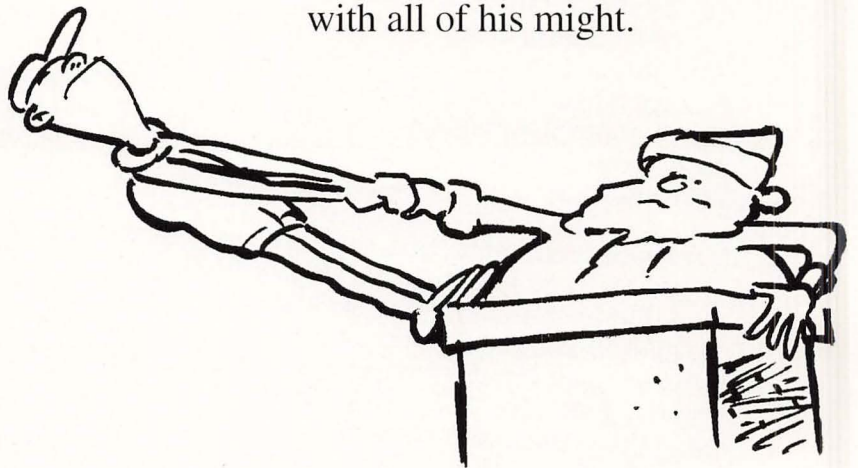
It was then someone noticed  
the soot in the hall,  
along with a sled  
and a black Barbie doll.

The maintenance worker  
was paged to the spot,  
to determine if this  
was from Santa or not.

He rushed to the roof  
and then soon it was clear.  
It surely was Santa  
and his eight reindeer.

And that's when the problem  
became evident, you see,  
for out of the chimney  
Santa's hand waved at me.

He'd consumed a big dinner  
and was stuck really tight.  
The maintenance man tugged  
with all of his might.

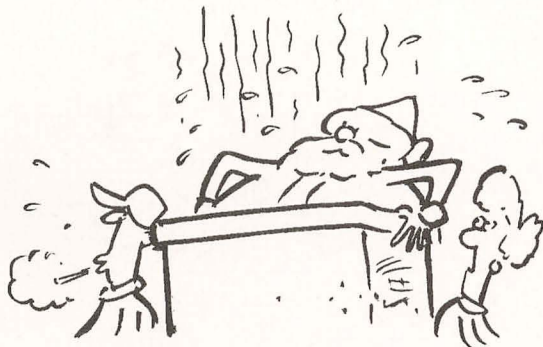


But Santa was wedged  
just as tight as could be.  
We need 911  
for this catastrophe!



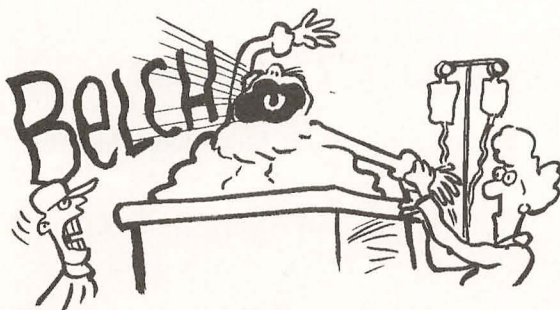
The nurses stepped in  
and said, "We just can't wait,  
for poor Santa surely  
will soon dehydrate.

That heat from below  
is now coming up fast.  
We better do something  
or Santa won't last.



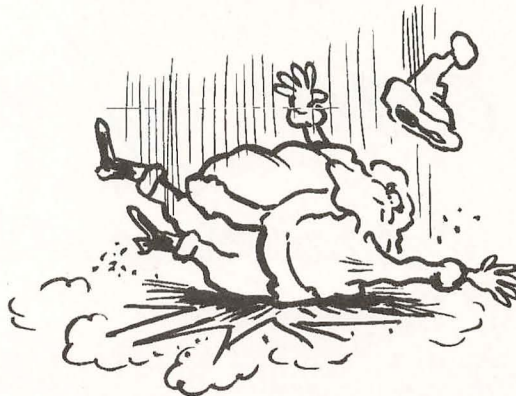
We need an IV  
till we know what to do.  
Is there someone here  
from the IV start crew?"

"Now Santa don't move,"  
said the nurse with the cath.  
"Oh Right!" mumbled Santa,  
"you're worth a good laugh."



With a jab of a stick,  
a huge belch was set forth.  
It echoed so loud,  
the elves heard it up north.

That distended tummy  
became decompressed.  
Santa fell with a thud  
and then came to rest.



But Santa was fine,  
and he brushed off his suit.  
Then he pawed through his bag  
for appropriate loot.

He knew that this staff  
was upset just because  
they'd worried so much  
about old Santa Claus.

So out came the Pepcid  
along with Zantac,  
some Maalox, Mylanta  
and then Prilosec.

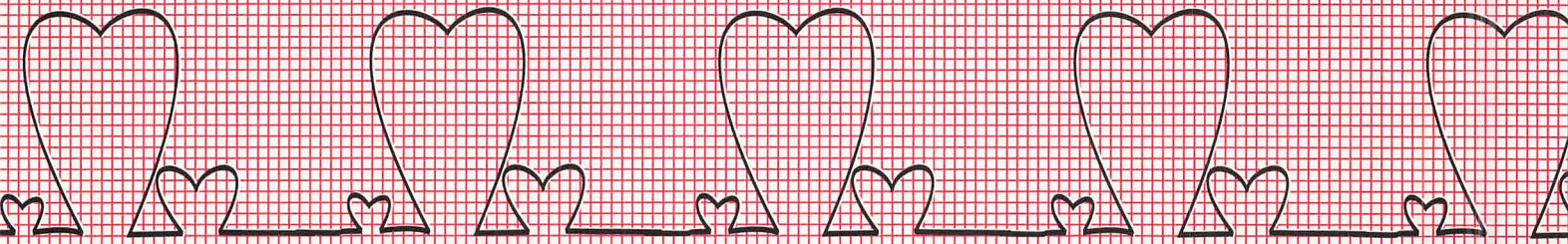


"These meds we've got here  
should do you up right.  
Merry Christmas you all,  
and to all a good night!"



# Romantic Problems and Your EKG

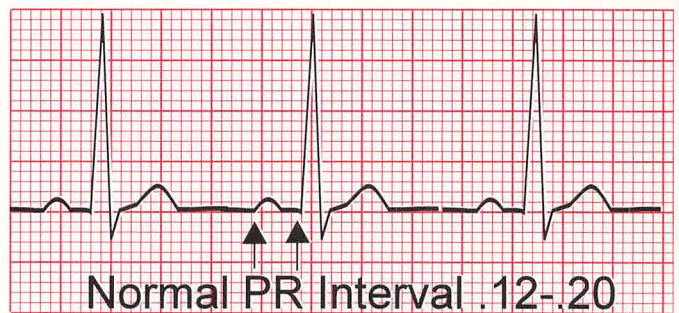
by Patricia Agostino, RN, CEN, CCRN



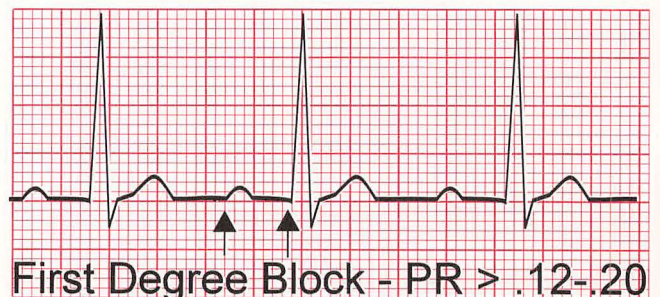
Is your romantic relationship on the rocks? Are you not quite as excited anymore when he calls? Are you fantasizing more about curling up with a good book instead of with him? Is he even beginning to piss you off just a little bit? Well my friend, you may be experiencing heart block. So before Friday night rolls around, slip over to ER, hook yourself up to a 12 lead and compare your EKG to the strips below to determine the degree to which your relationship is on the rocks.

**First Degree Heart Block**, like first degree anything, doesn't mean much. It usually doesn't get worse, even if you do nothing about it, and it could go on forever. You'll see a PR interval of over .20 seconds. PR interval stands for Pissed off-Recovery interval. It represents how long it takes you to recover from being pissed off. Normally your PR interval is .12-.20 seconds.

A normal PR interval looks like this:



A First Degree Heart Block looks like this:





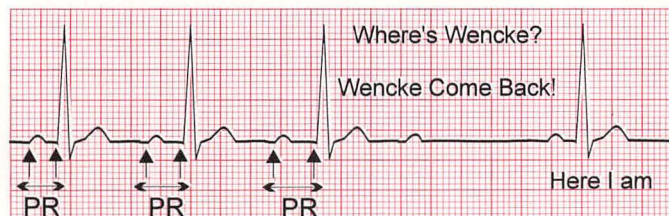
Why? The SA node, which means Simply in the Atria, fires off an atrial contraction that produces a P wave. But the AV node, which means Admissions Vary, senses this guy is pissing you off, so it delays admitting his messages down to your ventricles to produce a QRS. The AV node is kind of like the Gatekeeper to your ventricles. Your ventricles are the “heart of your heart.” They’re the place you mean when you say “from the bottom of my heart.” So if you see a prolonged PR interval you can be sure the relationship is suffering from First Degree Heart Block. You can either opt to work 7 pm to 7 am Friday night or accept another date with him and take along some Ipecac to ensure an early evening. (This is for his scotch and soda, not yours.)

**Second Degree Heart Block**, as the name implies, is a more serious relationship problem.

If you see this on your EKG you should dump this guy immediately because he’ll only cause you trouble later on. If you haven’t read the latest research paper on “Nurses and Codependency: A Redundancy of Terms,” here’s how to differentiate between the two kinds of Second Degree Block.

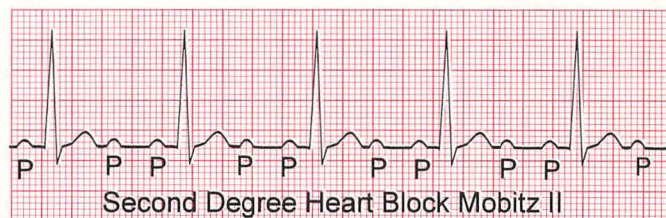
**Mobitz I Wenckebach** or How Mo Bitz Won Wencke Back. To best explain this heart block, let me tell you about my best friend Wencke who had a love/hate relationship with this guy from Chicago named Mo Bitz I. At first he was a real cool guy and she liked him a lot, but then he began to progressively piss her off. First he would look at other women and then he would talk about other women and one day he even watched the Aerobic Channel right in front of her. As you can see, her Pissed Off-Recovery interval got longer and longer, and rightfully so. But even the longer and longer PR interval wasn’t enough for her to recuperate so finally she had to totally drop out of sight to try to get her head together. And while she was gone Mo would keep yelling, “Wencke come back. I’ll never do it again.” And boom, there she was, right back in the picture.

**Wencke’s EKG looked like this:**



**Second Degree Heart Block Mobitz II** is a very serious heart block. It may happen to you if you hang around people like Mo Bitz II, the infamous brother of Mo Bitz I. Mo Bitz II searches the globe for extremely tolerant women, specifically, nurses. And he is bad. He was arrested once in India for pissing off Ghandi.

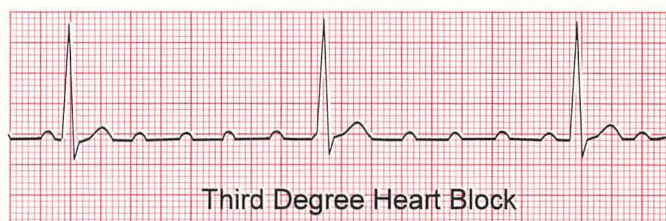
**Dating him makes your EKG look like this:**



You’re pissed off practically all the time, so there are a lot of Ps. The PR interval is irrelevant at this stage because you rarely recover at all. You may be pissed off twice to one not pissed off which is a 2:1 block or even be pissed off three times to one not pissed off which is a 3:1 block.

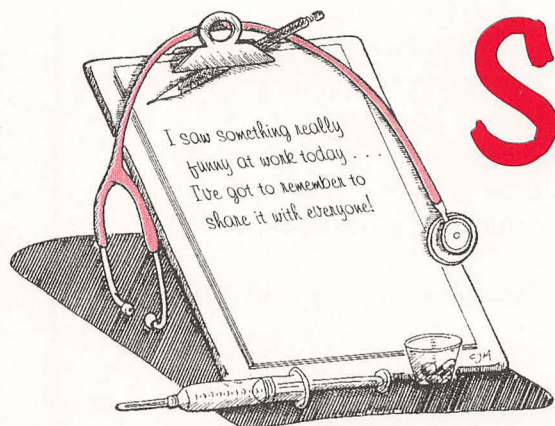
Your AV node has now become smarter than you and simply refuses to let most of his messages through to your ventricles. The AV node does not want this guy in the bottom of your heart so it takes control whether you like it or not. This could make you feel dizzy and lightheaded and if you don’t do something to pick up the pace you could end up in **third degree heart block**.

**Third Degree Heart Block looks like this:**



Despite what you believe, there is no longer a relationship. Hello. Even Dolly the Doormat at work is telling you to get a grip. Your mother says she doesn’t really want grandchildren yet and your own AV node has unplugged the phone. It simply will not admit any more messages from this guy. Your Ps are all over the place and your QRSs are on their own. The top and the bottom of your heart are beating independently. What more do you need? Get some isoproterenol. Get a pacemaker. Get a life.





# Stories From The Floor

## Seasons Greetings

Marian Luctkar-Flude, RN, BScN

The pediatric resident was playing Santa on the ward when the little boy sitting on his knee couldn't remember what he wanted for Christmas. Santa prompted him, "I know . . . you want peace on earth and good will amongst men."

The boy replied, "No. Actually, it had something to do with a gun."

## Universal Language

Beth Riley, RN

Our PACU cares for many patients who don't speak English. Recently we had a patient from France who needed emergency surgery. After she awakened in PACU, she tried to tell me with gestures what she needed. I responded with gestures. I finally picked up a bed pan, pointed to it and said, "Pee, pee?"

Excitedly she nodded and said "Oui, oui!"

Mission accomplished.

## 1/3 Less Fat

Roberta Heiman Margolin, RNC, BSN

When giving routine postpartum discharge instructions, I told the new parents nothing should go into the woman's vagina, and defined "nothing" as "no tampons, no douching, no husband."

The couple looked at each other and the husband asked, "What about oral sex?"

After pausing for a moment, I thumbed through her chart, looked straight at the mother and said, "You're on a regular diet. You can eat anything you feel comfortable eating."

The husband laughed so hard he fell on the floor.



## Seepage of the Socially Unmentionable

Janet T. Ihlenfeld, RN, PhD

One of the scheduled speakers for the Senior Nursing Pin Dinner canceled while the dinner was in progress. The organizers asked me, the Senior Level Coordinator, to substitute. I had only five minutes to prepare.

While the first speaker presented, I quickly scribbled some notes on a paper napkin. I decided to talk about what the nursing pin will see during its career, since this would give me a chance to discuss the highlights and the mundane of nursing.

While the audience was still eating, I started my talk. I used my notes and ad libbed. I talked about the stethoscope scraping the pin, and the pin being squirted with baby formula, elixir medications, "and other liquids." The audience laughed.

After my talk, I sat down to return to eating and realized why they laughed. They imagined the pin being squirted with emesis, or worse!

## Just Leave a Message

Andrea L. Avolio, RN, BSN

I walked into the room of a very pleasant, but slightly confused elderly woman to take her vitals. I told her I needed to take her temperature and placed the tympanic probe into her ear.

The woman looked at me and said, "Oh, the phone is for me?" She took hold of the probe and said, "Hello, Hello?" into the grip of the thermometer.

Five minutes later, when her phone rang, she refused to answer it.





## Behind the Cue Ball

Cheryl Schmidt, RN

Ann is a home health nurse dealing mostly in oncology. Among other things, she teaches her patients about chemo drugs and how to administer them.

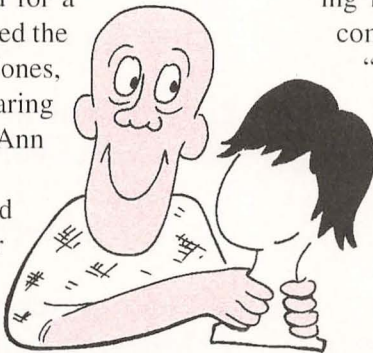
Ann met her new patient Mr. Jones, a quiet man who had a gorgeous head of hair. The medication he was to receive had the potential to cause hair loss.

Ann was concerned about how he would react, but Mr. Jones just smiled and said that if this was to happen, he would accept it.

The next day, Ann returned for a follow up visit. Mrs. Jones opened the door, looking quite upset. Mr. Jones, was sitting in the living room, wearing a hat and looking quite serious. Ann asked what was wrong.

Mr. Jones looked at her and said, "You said I would lose hair but this is ridiculous" and he took off his hat. He was totally bald!

Ann just gasped. She started to say something, then she noticed Mr. Jones grinning. She looked at his wife, who was also smiling. And holding up his toupee.



## Amazing Grace

Sheila Thompson, RN

It was one of those days when everything within a three foot radius of me fell to the ground. I either knocked it over or dropped it right out of my hands. By mid-morning it was becoming sickly funny. Every time I'd bend down to pick up the latest fallen article I'd say, "Call me grace!" This went on all day long.

That evening I grabbed the phone ringing with an outside call.

"May I please talk to Grace?" a female voice asked.

"I'm sorry," I answered, "no one here is named Grace."

She replied, confused, "But my husband, Mr. Smith, told me that the nurse taking care of him was named Grace."

## Dee Sees Duh

Kerri Lynn Hilbert, RN

We got a Plan of Treatment back from a doctor who signed his name, and wrote "deceased" above his signature.

We weren't sure if he meant himself or the patient.

## What? No Interpreter?

Terrie Greer, RNC, BSN

The post-op report on my new pediatric patient said his family was Cambodian and could not understand English. Before they got to the floor I tried to get an interpreter, but none was available. I spoke loudly and slowly when I greeted the family, thinking this would bridge the communication barrier. They smiled and acknowledged my greeting with nods.

I explained how they could control the room's temperature by adjusting the thermostat up or down. Wondering how I could ever make the family understand this complicated process, I turned and slowly and loudly said, "Do you understand?"

Mom smiled and nodded. Dad asked, "You think it will be OK to keep the temperature around 75 degrees?"

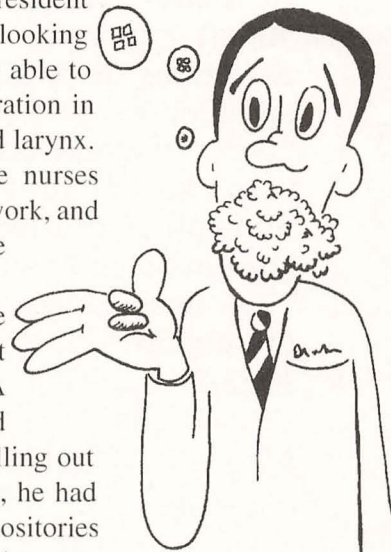
## Rabid Resident

Angelika Harder, RN

I worked at the local community hospital in Germany. One morning, our resident walked into the med room, looking worse than pitiful. Barely able to speak, he reported an alteration in comfort related to inflamed larynx.

I told him one of the nurses brought some lozenges to work, and directed him to the storage cupboard.

He rummaged in there for a few minutes, then left for his morning rounds. A few minutes later he returned with bubbles and foam spilling out of his mouth. In his haste, he had mistaken our vaginal suppositories for the lozenges, and had taken two.



Stories From The Floor is a regular feature in the JNJ. Send your funniest true stories (50 to 200 words) to us at JNJ SFTF, Mark Darby, RN, 2917 N 49th St., Omaha, NE 68104. If we use your story you will get 2 copies of the JNJ with your story, and an exclusive JNJ T-shirt.



# Holiday Nursing Exam Questions

## by Sandie Molloy, MSN, RN

- 1. Santa Claus is at great risk for heart disease because:**
  - a. he is grossly overweight.
  - b. other than a once a year outings, he exercises very little.
  - c. his main diet, Christmas cookies and milk, is high in fat.
  - d. all of the above.
- 2. Mrs. Claus comes to the clinic and is showing classic signs of seasonal affective disorder. To effectively communicate with her in a therapeutic manner the nurse should say:**
  - a. "Don't worry my dear, the sun will be coming up soon and you will feel so much better."
  - b. "Don't be depressed. You don't have it so bad. Think about all that Rudolph went through, and he never got too down."
  - c. "You need to be a better example to the children. Let's see a little smile!"
  - d. "This must be a very difficult time for you. Would you like to talk about it?"
- 3. Elves suffer from short stature because:**
  - a. their childhood diet mainly consisted of eggnog and Christmas cookies, which are low in essential vitamins and minerals and cause retarded growth.
  - b. they all suffer from hemophilia, the factor IX Christmas type, and this stunts growth.
  - c. pregnant female elves must work very hard during the holiday season, and due to overfatigue and poor nutrition, the infants are small and never catch up to the normal growth curve.
  - d. they all suffer from hypopituitarism due to an overexposure to holly berries, which leads to retarded growth patterns.
- 4. When teaching Rudolph about rhinitis, which makes his nose red, the nurse should include saying:**
  - a. chronic rhinitis can be due to TB, syphilis, leprosy and leishmaniasis.
  - b. allergic rhinitis can be caused by allergies to trees, such as spruce, Douglas fir and other Christmas trees, so they should be avoided.
  - c. antihistamine sprays should be used BID to QID initially.
  - d. all of the above.
- 5. While in for an annual physical, Frosty admits to the nurse that he has a serious alcohol problem and often has fantasies about small snowboys. The nurse should:**
  - a. tell him he is really sick and needs to see a shrink immediately.
  - b. explore his emotions further and check if he is a danger to himself and others.
  - c. do nothing since it is March and he will melt soon.
  - d. contact the local authorities to have him institutionalized.



**6. One of the six "maids a milking" comes into the doctor's office with a complaint of chronic back pain. She tells you that she is taking some herbs prescribed by an herbalist. The maid asks the nurse if herbs will help or if it is a bad idea to take them. The nurse should:**

- a. ask her about the type of herbs she is taking and the credentials of the herbalist.
- b. tell her that she is stupid to take anything that is not prescribed by a licensed medical physician.
- c. say nothing, since the maid probably won't listen to the nurse's advice anyway.
- d. ask the patient for the herbalist's name and then report him to the state medical board for practicing medicine without a license.

**7. At a holiday party a woman starts to choke on some Christmas pudding. She whispers softly that she needs help. The best first action would be:**

- a. observe the person but do nothing yet, since it is only a partial obstruction.
- b. clear the dining room table, lay the person on it and start abdominal thrusts ASAP.
- c. call 911.
- d. destroy the pudding since it is a risk to others.

**8. Santa and his reindeer changed altitude too quickly one Christmas Eve and were brought into the ED for signs of decompression sickness. The physician ordered HBO therapy for Santa. The nurse needs to know that:**

- a. in this therapy, patients are put in front of a television set and the distraction is used to help lessen the pain.

- b. "HBO" stands for "hyperbaric oxygen therapy," which is the use of a pressurized chamber to help the person adjust to changes in pressure.
- c. the physician probably meant "HMO" therapy. In other words, Santa did not have the right type of insurance to be treated at this ED and should be turfed elsewhere ASAP to save the hospital from lost revenue.
- d. "HBO" stands for "high belly overlay," which is a therapy during which Santa would be placed on a table and pressure would be put on his stomach to push any gas bubbles out of his blood system.

**9. After an elf was loading the sleigh on a very cold day, he comes into the clinic with signs of mild frostbite of the toes. The best initial action should be to:**

- a. soak the feet in tepid apple cider and add warmer cider slowly to heat the extremities over a long period of time.
- b. soak the feet in hot apple cider, being careful not to burn good tissue.
- c. send him to the ED immediately, because the clinic's busy and there's no time to fuss with this.
- d. prepare the surgical room for an amputation.

**10. Lyme disease is a serious problem in Santa's Village because:**

- a. deer are a preferred host for the adult tick which carries Lyme disease.
- b. elves get too busy during the holiday season to check for ticks and so the problem can get out of hand.
- c. medical facilities in Santa's Village are not able to handle the serious nature of this disease.
- d. all of the above.



# H O M E   H E A L T H

## H O T L I N E

BY MARION JACKEL WILSON, LPN

**Hello, and welcome to the Home Health Hotline, your  
color-coded computer answering system.**

If you have a touch tone phone, press B-R-O-W-N now.

If you do not have a touch tone phone, congratulations! You will actually get to talk to a real live nurse. Just hold on.

If you are in cardiac distress, please press R-E-D now.

If you are in respiratory distress, press B-L-U-E now.

If you think you have an infection, press  
Y-E-L-L-O-W now.

If you think your infection is worse,  
press G-R-E-E-N now.

If you have fallen and you can't get up,  
press P-U-R-P-L-E now.

If your oxygen is not working, please  
press G-R-A-Y now.

If you are having urinary problems,  
press O-R-A-N-G-E now.

If you are a family member and the  
patient has expired before this message  
ends, press B-L-A-C-K now.

If you have none of the previously mentioned problems but still feel you need a nurse,  
press W-H-I-T-E now.

If your problem has resolved itself while you listened to these instructions, please  
press P-I-N-K now and hang up!





# Liven up your next conference or meeting!

The Nursing Notes are four male nurses singing verses who are putting the "Sing" in NurSing. They spread their message of Health and Humor through Harmony at nursing and medical conferences everywhere.

Using a variety of musical styles from barbershop to doo-wop, The Nursing Notes examine current issues in healthcare from a lighter perspective. Although we deal in a serious business, The Notes try to never take themselves too seriously. This all RN quartet might be just the group to liven up your conference.



For more information about having the *Nursing Notes* at your next conference, call Larry Brennan at 315-463-8971

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## You'll Bust a Gut Then...

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**TOO LIVE NURSE** a.k.a. "*The R.N.'s of Rock*", is available to entertain your next nursing conference or seminar with an energized live stage act incorporating humorous songs with an outrageous theatrical performance.

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# How to Cope with Right Sizing



by Laura T. Hall, RN, MN, CNS

If you have worked in health care for any length of time, you know about “down sizing,” or the administrative euphemism, “right sizing.” In the ‘80s I had a patient load of three on a cardiac step down unit with the assistance of a monitor tech, ward secretary and housekeeper. Now, I have more patients and I’m covering for an LVN, emptying my own trash cans, scrubbing the floors and interpreting my patients’ monitor strips. I know my story is not unique. In an attempt to cope, I’ve come up with some time saving tools and policy changes for nurses functioning under these circumstances.

## Eject-a-Seat Toilet Seats

Nurses spend many hours a year waiting outside bathroom doors. How many times have you had to drop everything to take a patient to the bathroom, wait for him or her to finish and then help him or her back to the bed or chair? With programmable Eject-a-Seats we could assist the patient to the bathroom, then program the seat to eject the patient, when he or she was ready, back to the location of his or her choice. We could then go back to whatever we were doing, knowing our patients would be safely returned to their beds or wherever.



## Do It Yourself PRN Meds

Another thing that interrupts nurses from the important stuff like documentation is giving patients PRN meds. If we implemented a system for the patients to serve themselves pain meds, laxatives and sleepers, we could spend more time collecting data for the unit’s Performance Improvement projects. I heard automatic medication dispensers exist, but I haven’t seen one up close because I work for a small for-profit hospital. If we were to include teaching the use of these dispensers in pre-op classes, then surgical patients could get their own PRN meds. Or, we could train family members to administer PRN meds to their loved ones. This policy change could have an additional advantage: insurance companies could use this as a discharge criterion. If the patient is able to walk to the PRN Med dispenser, he or she is ready for discharge.





## Bath Room

Often, when the nurse is ready to bathe the patient, the patient is not ready to be bathed. Usually the patient is asleep, eating or, worse yet, watching TV. So we need a Bath Room. That is, a special room set up for patients to give themselves baths, no matter what their conditions. Then nurses would have lots of time to accomplish the necessary inventorying and ordering of supplies. The Bath Room would be set up like a car wash. We could roll the patient bed up to the room and attach it to the pulley system that would pull the bed through the wash. We could apply restraints to make sure the patient isn't blown out of bed during the dry cycle. Patients who are ambulatory could walk through the bath at their own pace. This would enable them to concentrate on hard to wash areas, like the perineum.



## Daily Linen Change

This leads us to another problem area. The daily linen change is a hold out from the olden days and not necessary, according to the administrators where I work. Unless a patient makes a total mess of the bed, it doesn't need to be changed every day, just straightened. I seem to remember learning in nursing school that a daily linen change was a comfort measure and an opportunity to talk to our patients, but who has time to talk any more? Now, we change beds only when it is absolutely necessary, such as after condemnation by the Board of Health.

Conditions that require total linen changes include code browns, vomiting, and total body sweating. Even in these extreme situations, we should only change the parts of the bed that are touched by body fluids. The only true total linen change occurs at discharge. This policy will save time and money, two things administrators love.



## Meals

I find it interesting that with all the other sources of nourishment, patients also want meals three times a day. Some even expect snacks. If this is so important, why don't they pick something up at a drive through? Maybe on the way back from the Bath Room.

These suggestions are just a start. I am sure we could think of a lot more. To implement change, we should move forward one adjustment at a time. Change scares us a lot. Gradual implementation lets our change comfort level rise to just below the height of our tolerance. Then we get hit with the next change. This way we'll stay on our toes and continue to wonder, "What will they do to us next?"



Welcome to Empathy Night! Tonight, you dads will get a taste of active labor and have a real opportunity to apply the breathing techniques we've already learned! OK dads – on your backs and spread your legs! OK moms – let's kick them in the groin, as hard as you can, every five minutes for the rest of our class time . . . and dads . . . remember to breathe!



# Call Lites!



## The JNJ Joke Collection

"I think I've lived too long," said the elderly patient.  
"No," replied the doctor, "You just lived past the fun part."  
*Submitted by Jeffrey Walker, MD*

A patient was having trouble understanding her degenerative disc disease.

"Do you spend a lot of time in the kitchen?" asked the doctor.

"I used to."

"Well, think of your spine as a stack of soup cans, and one of the kids moved one a little out of place."

She understood.

*Submitted by Rodney Pease, MD*

**Q:** What do insurance and a hospital gown have in common?

**A:** You just think you're covered.

*Submitted by Barbara Phillips*



"Consultation" is a medical term for sharing the wealth.  
*Submitted by Dorothy Stauffer, RN*

A man had his eyes tested by an eye specialist and asked, "Doctor, will I be able to read after wearing glasses?"

"Yes, of course," said the doctor, "why not?"

"Oh, how wonderful! I'm tired of being illiterate!"

*Submitted by Sutanu Ghosh*

Nursing note: "Pt. is short of breath even at the thought of exertion."

*Submitted by Georgene L. Endy, LPN*

**Q:** How many doctors does it take to draw a PTT?

**A:** Ten. One to order the test, one to apply the tourniquet, one to locate a suitable vein, one to work the alcohol swab, one to work the syringe, one to hold the specimen tube, one to push the blood into the tube to the right level, one to apply the Band-Aid, one to consult the nurse, and one to order the nurse to carry it to the lab.

*Submitted by Renee Field, RN*

"Harwood, I've got bad news," said the doctor, "You've got cancer and you've got Alzheimer's."

Harwood replied, "Well at least I don't have cancer."

*Submitted by Lisa Willis, RN*

A man walked into a pharmacy and asked for a pack of condoms. After he paid for them, he started laughing and walked out.

The next day, the man came in again, bought the condoms and walked out laughing uncontrollably. The pharmacist found this odd, and told his assistant if the man came in again, to follow him out.

Sure enough, the next day the man returned, made his purchase and left laughing. The assistant followed him out and returned a half hour later.

"You followed him?" asked the pharmacist.

"Yes."

"Where did he go?"

"To your house."

*Submitted by Steve Wilson, PhD*



**Q:** Did you hear about the doctor who changes bed pans?

**A:** Is there one?

**A:** No. Just checking.

*Submitted by Lori Jones*

**Q:** Why do farts smell?

**A:** So deaf people can enjoy them too.

*Submitted by Fran London, MS, RN*

A nurse was doing an admission assessment.

"Hello, hello," said the patient.

"Hello," said the nurse, "I'm just taking your ear temperature."

*Submitted by Jill Fryling, RN, BSN*

A patient stops in to follow up on his labs.

"I have some good news and some bad news," the doctor says, "The good news is that you have one day to live."

"What the hell could be the bad news?" replied the patient.

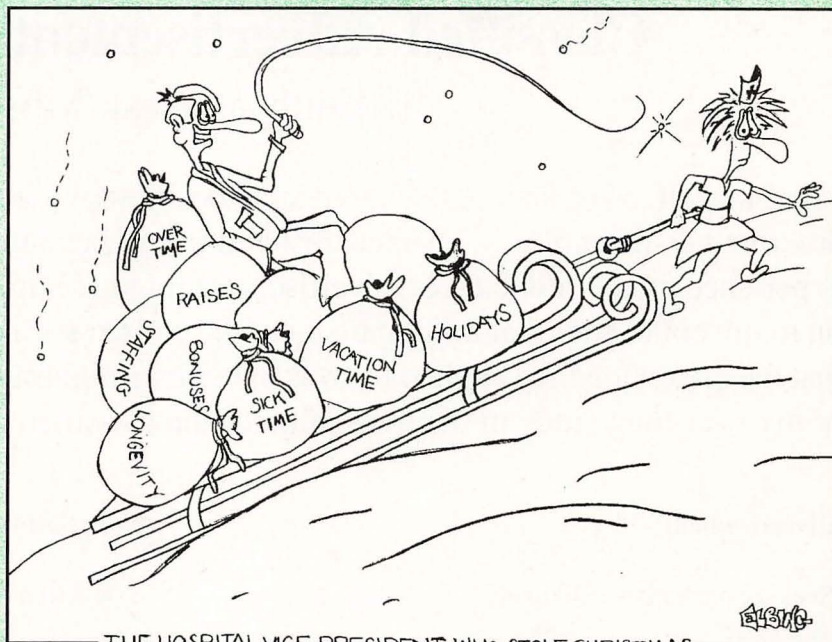
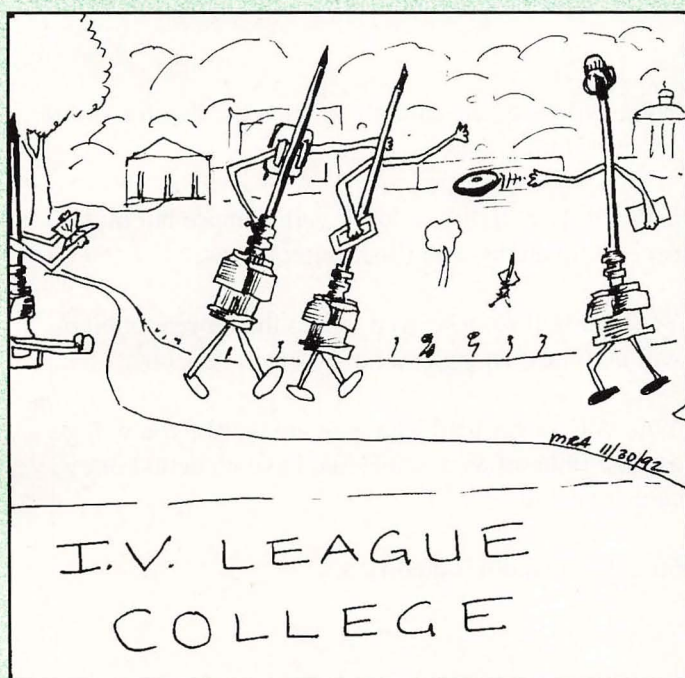
"I should have told you yesterday."

*Submitted by James Marczak and Eric Johnston*

**Q:** What happens when a heart specialist gets stopped by the highway patrol?

**A:** A cardiac arrest.

*Submitted by Adrian C. Allen*



Some nurses were waiting to get into heaven. Saint Peter turned to the first one.

"What type of nurse were you?"

"I was a pediatric nurse."

"Come on in. You deserve the rest. And you, what kind were you?"

"I was a geriatric nurse."

"You have earned the right to be here. Right this way."

Next was an ER nurse.

"Let me help you in. And you, you're the last. What kind of nursing did you do?"

"I was a managed care administrator."

"Oooo. I have you down for the Other Place."

"But, I was just doing my job, following policy."

"Don't worry. You only get to stay 17 days."

*Submitted by Nancy J. Klingensmith, BSN*

"Do you suppose circumcision is painful for infants?"

"Well, a lot of them can't walk for a year after."

*Submitted by Max Baverman*

Heard a funny nursing or medical joke lately? Send it to us! If we use it in Call Lites, you will receive 2 copies of the JNJ and a Limited Edition JNJ T-Shirt. Send your jokes to: John Baringer, JNJ Joke Editor, P.O. Box 2221, Tucson, Arizona 85702-2221.



# Classified Advertisement Translations

by Edith A. West, MSN, RN

I find myself, as of late, in the unenviable position of job hunting in a market that can only be described as precarious. This has resulted in my becoming quite well-versed, through bitter experience, in the subtle art of advertisement lingo. I hope here to pass some vital information on to my colleagues that may spare them the embarrassment or disappointment of discovering that the dream job they applied for was in reality a nightmare. The following is the culmination of my year-long study in the translation of the classified advertisement.

## Advertisement:

"Seeking a creative individual."

"Seeking a dynamic individual."

"Seeking a creative, dynamic individual."

"Seeking a team player."

"Seeking a team leader."

"Seeking a successful candidate who must possess excellent communication skills, including strong writing skills."

"Must have the ability to organize."

"Must have the ability to communicate well with employees."

"Will need reliable transportation."

"We offer an excellent wage and comprehensive benefits."

"Qualifications include licensure as a professional nurse, advanced certification and eight to ten years of experience is preferred."

## Translation:

You will have nothing to work with.

You will be expected to work a twenty hour day and be paid for eight hours.

You will be expected to do twenty hours of work, be paid for eight hours and be given nothing to work with.

You will have to report any ideas you have to ten other people before they can be initiated.

When you can't get the other ten people to agree on anything, you will be held responsible when nothing gets done.

You have to have a bunch of letters after your name and can to bull\*\*\*\* your coworkers verbally and in writing.

There will never be enough hours in the day for you to get everything done.

You will have to take a lot of verbal abuse but must never retaliate by using four letter words.

Your car will be destroyed in less than a year and you will not make enough money to buy a new one.

You will not get paid what you are worth, you will get as little time off as possible and have no dental or eye care coverage.

Forget it, you don't qualify.



"Full time RN wanted."

"Are you looking for a challenging yet rewarding career?"

"Must be dedicated, responsible and reliable."

"Equal opportunity employer."

"New position."

"... with potential for advancement."

"Must be willing to work weekends and rotate shifts."

"Seeking energetic, motivated individual."

We need a warm body and you will do.

You are looking at more work and responsibility than any one human being can possibly handle without having a nervous breakdown and will not get credit for it.

You must live for the organization, and come to work, even if you're dead.

We will abuse anyone regardless of race, creed, sex or national origin.

You are it, kiddo.

If someone dies, you move up.

You must be available to work twenty-four hours a day, seven days a week.

Looking for a young, inexperienced person to burn out within a year.

**Hope this is helpful to all you employee hopefuls!**

## **Ten Reasons Nurses Give For Being Willing To Work Short-Staffed**

**by Frances Kiefer, RN, MSN**

1. It makes my supervisor look good.
2. Beats picking my nose with a fish hook.
3. I like to eat.
4. It helps the support-stocking business thrive.
5. It's just temporary, like life.
6. Lunacy runs, not walks, in my family.
7. It's something to do until Medicare kicks in.
8. Makes a wonderful substitute for Beano.
9. Helps me get a good night's sleep, afterward.
10. No job openings in Sarajevo lately.





# The Magnet



*by Carol Cramer RN, BSN, CEN*

For as long as I can remember I have been a human magnet. A mobile MRI. I attract people who could be referred to as, well, different. This can be humorous at times but it can also be downright tedious. I never know when my magnet will activate. For years the switch has remained on while at work in the ED. At last year's Christmas party I was given an award. An Emergency Department Grammy so to speak. I was given, by unanimous vote, the prestigious "Nurse Who Attracts The Most Crazies" award. Quite an honor.

Recently things have changed. The ions of my magnet have shifted. I had become so used to expecting the unexpected that I expected it. I even thrived on it. Then without warning, it was gone. My personality ceased to be magnetic.

It began with a single, simple, almost unnoticeable event. A patient came to the ED because he had misplaced his ballpoint pen. An unusual, but certainly not the strangest, reason I've ever heard of for visiting the ED. After gathering an extensive history and taking an X-ray, we found the ballpoint without difficulty. However, retrieving the pen proved to be a more complicated task. But, in less time than it would have taken the patient to drive to an office supply store, the OR crew removed it from his bladder and returned it to him. The patient was ecstatic to

have his pen back in the pocket of his shirt where it belonged. He was still not sure exactly how the pen found its way into his bladder, but he was positive it would not happen again.

The surprising part of this story is not that this man lost his pen, or that he didn't know how it turned up in his bladder. No, the surprising thing is that I was not his nurse. Nancy was.

I didn't think much more about the case of the missing pen until a week later. The moment I arrived at work a fellow nurse handed me a piece of paper with a copy of a man's driver's license and a note describing the events of the evening before.

The man pictured on the driver's license had come to the ED, with his 15-year-old girlfriend and her mother. His chief complaint was abdominal pain and distention. Nancy was his nurse. She brought him back to the department, put him in an exam room, and instructed him to change into a gown. When she returned to the room to do a nursing assessment she found the patient pacing the floor. The gown still lay on the bed. Nancy found this very disturbing. She is acutely aware that the doctors in the ED are totally anal about having their patients in hospital gowns. If an ED doctor enters a room and finds a clothed patient, he becomes as distressed as a subscriber of *Playboy* would be if



# THE JOCULARITY

## CATALOG

### THE HUMOR RESOURCE FOR HEALTH PROFESSIONALS

#### WHINORRHEA AND OTHER NURSING DIAGNOSES



Whinorrhea and other Nursing Diagnoses. This book is the best of the Journal of Nursing Jocularities's first three years. Over 200 pages of hilarious stories and sidesplitting cartoons. This book is the perfect gift for any nurse on your list. BK018BOB Whinorrhea and other Nursing Diagnoses. \$18.95. If you buy two or more copies, it's only \$15.95.

Ineffective Individual Coping. A slightly very twisted musical review of the "sicker" side of health care. Tired of bedpans, paperwork, and under staffing? Stressed out and overworked? Let Too Live Nurse help you laugh at it all! Too Live Nurse is the group that brought you "Rockin' to the Algo-Rhythms." Cassette Tape. Includes: The Bedpan Blues, Doin' The Incontinence Rag, Ventilate Me and more. TA007COP Ineffective Individual Coping \$10.00

Rockin' To The Algo-Rhythms 2 by Too Live Nurse Productions. Resuscitate your ACLS skills the FUN and EASY way with this collection of Musical Cardiac Protocols based on the new ACLS Algorithms. Let Too Live Nurse help you to breeze through "Mega Code" and have you singing as well! Includes cassette tape and lyrics booklet. TA001RAR Rockin' To Algo-Rhythms 2 \$15.00

Special Offer! Order Both Too Live Nurse tapes, Ineffective Individual Coping and Rockin' To The Algo-Rhythms 2, and get a FREE "Air Guitar"!

44" Inflatable "Air Guitar". A must for any humor basket or humor cart. MS006GUI Air Guitar \$1.25

23" Rubber Chicken. Mandatory for any humor basket. Each rubber chicken includes the 16 page booklet "A Nurse's Guide to Therapeutic Uses of a Rubber Chicken" by Fran London, MS, RN. MS004RUB Rubber Chicken & Booklet \$6.95

2" Sponge Clown Nose. One of the most versatile items in your humor basket. Get One Free With Every Order. MS006NOS Clown Nose. One Dozen for \$6.00

Syringe Pens Injecting a little humor into your life will be much easier with the aid of these hypodermic needle ball-point pens. Each is filled with a harmless red liquid and contains blue ink. Size: 5 1/4" long. 2 pens per set. MS014HMP Syringe Pens \$4.95



## HOLIDAY GIFT CATALOG

See our complete catalog on our web site at: <http://www.jocularity.com>.

Over 100 fun items for health professionals.



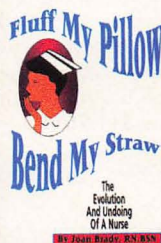
How to Create a Comedy Cart with Leslie Gibson, RN, BS. This presentation will help answer your questions on how to develop a therapeutic humor program. It is packed with information on how to prepare a budget, orientation of staff, management of supplies and obstacles to avoid. Facilitator and patient guides are included. Video 38 minutes. TA010CCC Create a Comedy Cart \$50.00

Chicken Poop in My Bowl by John Irvin. This book contains over 101 jokes, stories, riddles and such for almost any occasion. If you enjoy jokes, this collection is for you. Chicken Poop... contains some of the best humor John Irvin has found throughout the United States while delivering Hilarity Therapy® seminars. Paperback, 164 pp. BK035CPB Chicken Poop \$7.95

The Nursing Serenity Prayer This spoof of the famous "Serenity Prayer" comes beautifully printed on a serene, cloud-filled background with a pink satin bow accent and framed in black and gold. The 8" x 10" prayer makes a great addition to any nurse's station. MS009NSP Serenity Prayer \$9.95

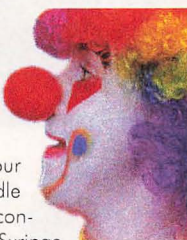
Who's Got The Keys? is a musical comedy extravaganza with a cast of 20 singing, dancing health professionals. Now available on Video tape! Recorded live at the Disneyland Hotel. This is a great gift for anyone in health-care. You can also get the soundtrack on CD or cassette, and if you are a real fan, you can get the official "Who's Got the Keys?" T-shirt. TA019WGV Keys Video \$24.95 TA019WGT Keys Cassette \$12.95 TA019WGC Keys CD \$17.95 TS016WGT Keys T-shirt \$16.00

Rubber Chicken Keychain Put your keys on a Rubber Chicken Keyring and show the world your droll, sophisticated sense of humor. 5 3/4" long. MS037RCK Chicken Keychain \$1.99



Fluff My Pillow, Bend My Straw: The Evolution and Undoing of a Nurse by Joan Brady, RN, BSN. Meet Courtney Quinn, BSN, a new graduate ready to take on the world of professional nursing. As a child, Courtney was intimidated by school nurses. When she became a nurse, she was even more intimidated by the physicians, drained by the understaffing and the unexpected emotional impact of caring for her patients. You will laugh with her as she "takes on the system" and tries to make positive change for nurses. BK011FMP Fluff My Pillow \$14.95

Chordiac Arrest, Live and Well This audiotape features 14 songs that will have you rolling in the hospital corridors! The group has been captivating audiences ever since with songs like "Ben Casey, Please Come Home" and "In My Neat Little Hospital Gown." TA013CAL Chordiac Arrest \$10.00



A NURSE'S GUIDE TO  
THERAPEUTIC USES  
OF A  
RUBBER CHICKEN

By Fran London, MS, RN  
Editor, Journal of Nursing Jocularities

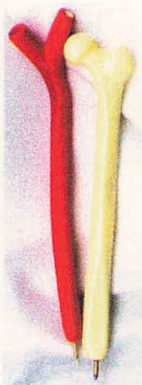


**Lumbar Mug** Put a little backbone in your coffee with the Lumbar Mug. A fun way to drink your morning libations! Dishwasher and microwave-safe, this mug fits comfortably in your hand and holds 12 oz. **MG013LMC Lumbar Mug \$10.95**



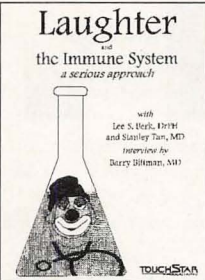
**Backbone Pen Holder** Anatomically correct lumbar vertebra from the human spine is cleverly drilled in the center to support a pen or pencil. Makes a great gift for your favorite nurse's desk top. Set of 2. **MS012BPH Backbone Pen Holder \$4.95**

**Bone Pen and Artery Pen** Bone-a-fide replicas of a human femur and an artery. Make no bones about it, you'll shock your friends with these nearly anatomically correct pens. Bone pen is blue ink and Artery pen is red ink. **MS017BPN Bone and Artery pen set \$4.95**



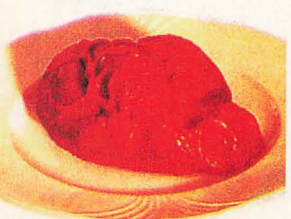
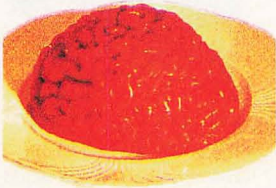
**Humor Magazine Collection** This compilation of humor resources is a great value for anyone doing research on humor or just interested in finding sources for funny stuff! It includes one copy of each of the following: *Annals of Improbable Research, Stitches, Inside Hysteria, Funny Times, The Comedy Magazine, Journal of Polymorphous Perversity* and a *Humor and Medicine Bibliography* compiled by the Editor of *International Journal of Humor Research*. This collection is valued at over \$26.00. **MS021HMC Humor Magazine Collection \$13.00**

**Laughter and the Immune System - a serious approach** with Lee S. Berk, DrPH and Stanley Tan, M.D. Interview by Barry Bittman, M.D. For the first time ever, enjoy an exclusive, in-depth interview with two of the world's leading medical researchers who have studied the psycho-neuroimmunology of mirthful laughter. A must for anyone serious about understanding the basis for therapeutic humor in mind and body medicine. Audio Tape (45 minutes) Booklet. 28 pages. **TA018LIS Laughter and the Immune System \$15.95**



**Urine Specimen Bottle** This genuine glass specimen bottle is the perfect size for juice, wine, salad dressing, even that messy jumble of pens on your desk. Made of crystal-clear glass, the bottle is labeled with easy-to-read measurements inscribed in 1-oz. and 25-cc increments with a maximum capacity of 6 oz. (175 cc). 5" tall. **MS022USB Urine Specimen Bottle. \$3.95**

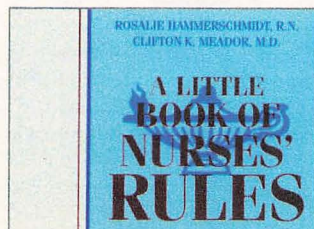
**Gelatin Brain Mold** Fill the plastic mold and a few hours later, out pops a life-size brain-shaped dessert! Experiment with different colors and flavors - which brain do you find the most delicious? Gross out your dinner guests or just have fun making and eating your "brain!" **MS010BMP Brain Mold \$11.95**



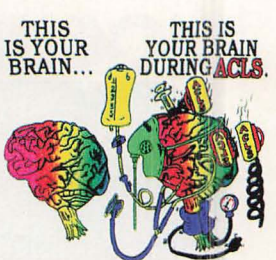
**Gelatin Heart Mold** Have a heart! A cherry gelatin heart, that is. This plastic mold will produce a realistic looking heart that you can eat. Start with the right ventricle, move to the coronary artery and then dig your spoon into the left ventricle for a delicious treat that won't block your arteries. **MS011HMP Heart Mold \$11.95**

Get both Heart and Brain Gelatin Molds at a Special Price. **MS011BHM Gelatin Mold Set \$21.95**

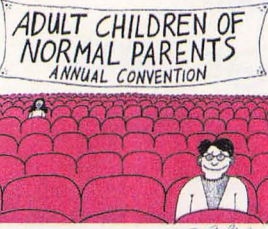
**Little Book of Nurses' Rules** by Rosalie Hammerschmidt, RN and Clifton K. Meador, MD. This book of 347 rules about our practice styles, our patients, our colleagues and ourselves is humorous, entertaining, and thought-provoking. Would make a great stress reliever for any nursing station, lounge or restroom. A wonderful gift for any nurse. **BK026BNR Little Book \$9.95**



**ACLS T-shirt** This is Your Brain...This is Your Brain During ACLS. Whether you're facing your first ACLS mega-code or you just cringe when remembering, you'll enjoy this T that parodies the anti-drug message of the '90s. Printed in a bright kaleidoscope of colors on a white 50/50 T. Available in Large and X-Large. **TS014ACL, \$16.99**



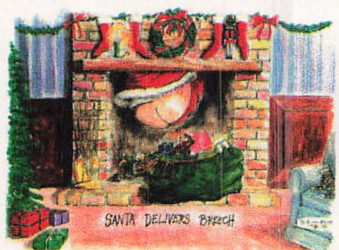
**Adult Children of Normal Parents Annual Convention T-Shirt** by Jennifer Berman. Are there any of us out there! This Pre-Shrunk 99% Cotton t-shirt comes in white. Available in large and x-large. **TS005WHT Adult Children T-shirt \$16.00**



**Santa Delivers Breach Cards** This Christmas, send the card that will produce a smile along with your holiday message. Inside the card reads: "Christmas comes butt once a year." Boxed set of 12.

**ANY QUESTIONS?**

**CA003SCB Santa Delivers Cards \$12.00**



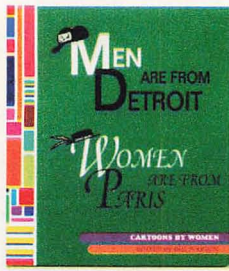
**I Always Faint When I See a Syringe**, by Florence Hardesty, RN, PhD. This delightful book is written honestly and straight from the heart by a retired nursing professor. Through the eyes of a teacher and the experiences of her students, Dr. Hardesty tells humorous and inspiring stories. Laugh with her and enjoy the joy and spirit of nursing. **BK020SYR I Always Faint \$14.95.**

**Pharmacy Phun Stuph Calendar for 1998** A humorous calendar drawn by Jim Middleton, RPh, aka the Animating Apothecary. Filled with beautifully drawn cartoons about health care and pharmacy life. Each month includes funny and interesting events throughout history. **CA004PPS Pharmacy Calendar \$8.00**



**EKG Mug** features the most unusual looking rhythm strips that will be sure to make you chuckle. Includes "Sinus Arrest", "Ventricular Standstill" and "Urban Block". This ceramic mug comes boxed for easy gift giving. **MG001HBM Heartbeat Mug \$7.50**

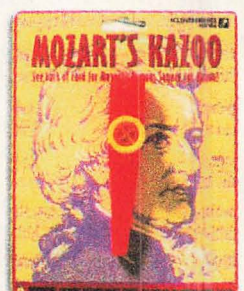
**Health & Humor through Harmony** by the "NurSING Notes", with songs such as "While Strolling Down The Hospital Hall", "The Physician", "The Waiting Room" and "Patient Lament". Cassette tape. **TA003HHH Health & Humor Through Harmony \$10.00**



**Men Are From Detroit, Women Are From Paris - cartoons by women**, edited by Roz Warren. What do women really want from men? This book strips down the male psyche to its bare essence. Every type of guy you ever wanted to meet (or not meet) is lampooned in this hilarious little book. **BK033MFD Men are from Detroit \$6.95**

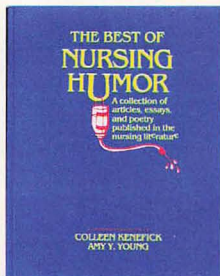


**Mozart's Kazoo** Sound like the master himself. This 3 1/4" long hard plastic kazoo is just like the one Mozart played! **MS043MK Mozart's Kazoo \$1.99**

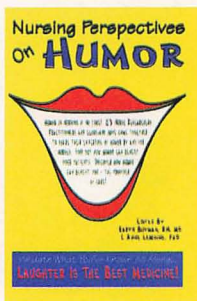


**Hopping Eyeball** This plastic eyeball is 2" tall, wears a pair of sneakers, and when you wind it up it hops up and down. On a blister card. **MS028HE Hopping Eyeball \$1.99 each**

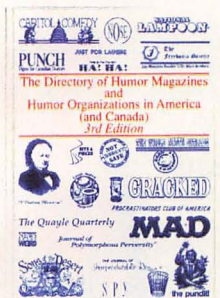




**The Best of Nursing Humor** - A collection of articles, essays, and poetry published in the nursing literature, compiled and edited by Colleen Kenefick and Amy Y. Young. This 167 page book contains scores of humorous writings about, by and for nurses punctuated by black and white illustrations. Hard cover. BK027BNH Best of Nursing \$27.00

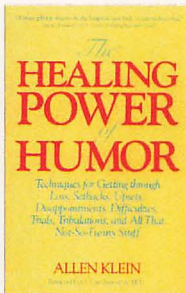


**Nursing Perspectives On Humor.** Long awaited book, edited by Karyn Buxman, RN, MS & Anne LeMoine, PhD. Humor in nursing is no joke! 23 Nurse Researchers, practitioners and clinicians have come together to share their expertise of humor by and for nurses. Find out how humor can benefit your patients. Discover how Humor can benefit YOU! Soft cover. BK015NPH Nursing Perspective \$24.95



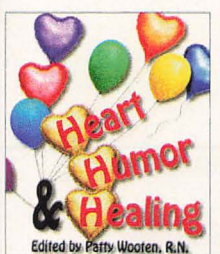
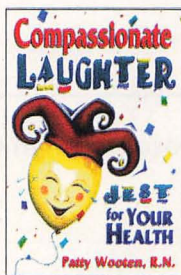
**The Directory of Humor Magazines and Humor Organizations in America, 3rd Edition** edited by Glenn Ellenbogen, PhD. This is the first and only book to help you find humorous magazines, newsletters, newspapers; periodicals about humor; and humor organizations. It provides extensive listings and sample articles for each publication, plus cross indexing of periodicals. A writers market for humor. List Price: \$34.95. Order \$100 worth of items and receive this book free! BK016DHM Humor Directory Only \$14.95

**Healing Power of Humor** by "jolly-tologist" Allen Klein. Techniques for getting through loss, setbacks, upsets, disappointments, difficulties, trials, tribulations, and all that not-so-funny stuff. Brimming with pointed, humorous anecdotes and learn-to-laugh techniques. "Provides practical advice as to the fundamental importance of humor and laughter." Steve Allen, comedian. BK006HPH Healing Power of Humor \$9.95



**ANY KEY and PANIC computer keys.** Personalize your computer keyboard with these fun, self-sticking keys. Free with orders of \$50 or more! MS001KEY Panic/Any Key \$3.00

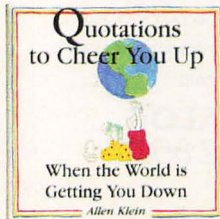
**Compassionate Laughter: Jest for Your Health** by Patty Wooten, RN. This delightful book explores the relationship between the emotions and the body, presenting evidence that laughter does indeed help keep us healthy and facilitates recovery from illness! It is peppered with hilarious anecdotes and conversations with Patty's clown characters, Nancy Nurse and Nurse Kindheart. BK018COM Compassionate Laughter \$12.95



**Heart, Humor & Healing** edited by Patty Wooten, RN. A delightful collection of inspiring, fun-filled and laughter-provoking quotes designed to promote healing in the patient as well as the caregiver. "The book is good for more than your heart...It will help heal your life and body." Dr. Bernie Siegel, Surgeon, author of Love, Medicine & Miracles. BK004HHH Heart, Humor & Healing \$9.95



**Laugh Jest for the Health of it** with Patty Wooten, RN. This exclusive program by one of the best know Nurse humorists in the world, Patty Wooten, brings to life laughter's incredible role in health care. Through an unforgettable zany dialog, Patty and her two clown characters, Nancy Nurse and Nurse Kindheart, are certain to brighten your days and lift your spirits. Jest what the doctor ordered. Video 36 minutes. TA017JEST Laugh Video \$24.95

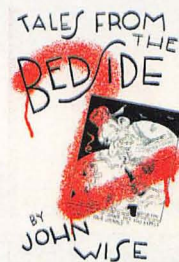
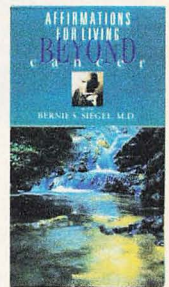


**Quotations to Cheer You Up When the World is Getting You Down** by Allen Klein will lift your spirits and tickle your fancy with classic quotations from the sublime to the ridiculous. This handy desk-reference offers over 750 witty quotations and is a great resource for writers, speakers and anyone who likes to have a perfect line on hand. Hard Cover. BK021QCU Quotations to Cheer \$9.95



**Affirmations for Getting Well Again** with O. Carl Simonton, M.D. Through nature's example of harmony and balance, you are about to embark upon a soul-illuminating journey for rediscovering wellness, happiness and inner peace. Your guideposts are a series of inspirational visual affirmations overlaid upon a wondrous canvas of natural scenery and complemented by a deeply moving soundtrack designed to resonate with your soul. 38 minute Video. TA015GWA Getting Well Again \$24.95

**Affirmations for Living Beyond Cancer** with Bernie S. Siegel, M.D. An inspirational journey of hope, love and inner peace for those who must come to terms with the unexpected challenges associated with a diagnosis of Cancer. A sensitive and creative blend of natural scenery, music and suggestions that gently guides you through a healing journey and the achievement of wellness. 30 minutes Video. TA016LBC Living Beyond Cancer \$24.95

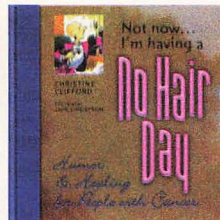


**Tales From The Bedside 2: "Over The Counter"** by John Wise, RN. More than 100 pages of outrageous cartoon humor for healthcare professionals and consumers! BK001TFB Tales From Bedside 2 \$10.95

**John Wise Ceramic Mug.** This white 11 oz. mug has one of John's most popular cartoons on the side "If you think you're getting overtime for this you're crazy." Perfect for your favorite beverage. MG015JWM Crazy Mug \$7.00

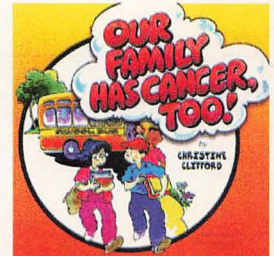


**The Nursing Process T-Shirt.** Another John Wise Classic on a white 50/50 t-shirt. This one speaks for itself. Sizes L, XL or XXL. TS015WHI Nursing Process T \$15.00



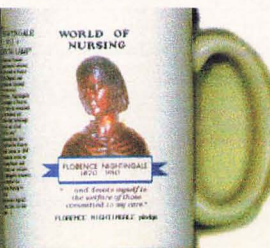
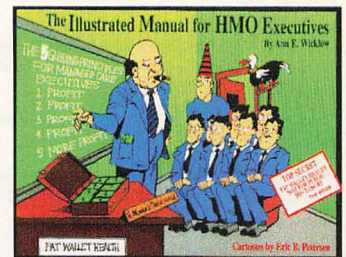
**Not Now...I'm Having a No Hair Day: Humor and Healing for People with Cancer** by Christine Clifford. This book is one-of-a-kind, the first to approach cancer with a lighthearted touch. Christine Clifford's own and story and the book's positive, life-affirming message encourage cancer patients and loved ones not to let the disease keep them down. BK031NNH Not Now \$9.95

**Our Family Has Cancer, Too!** By Christine Clifford. When someone in your family gets cancer, find a way to go on living, laughing, playing and enjoying life to its fullest. BK036FCT Our Family \$6.95 each



**Chemotherapy Gives New Meaning to a Bad Hair Day** by Eileen Marin is a book that balances the emotional issues of a cancer diagnosis with humor. The author is a three time cancer survivor. The first section includes the author's story, food for thought messages and illustrations of the trials and tribulations of daily life. It takes the reader from diagnosis to after care in words and cartoons. BK028CGN Bad Hair Day \$11.50

**Illustrated Manual for HMO Executives** Fed up with managed care? This book is for you! Anonymously written by a physician who was recently placed in the FBI's witness protection program. Through cartoon parodies, it provides a scathing and hilarious look at corporate medicine today. BK021HMO HMO Exec \$12.95



**Florence Nightingale Mug** It's here, and especially for Nurses! Now Florence Nightingale's inspiring essence can be immortalized on every desk! Unique, exclusive photographs have been captured by digital technology on highest quality, white ceramic photo-mugs. Microwaveable and dishwasher-safe. MG014FN Nightingale Mug \$12.50





"Sometimes All You Need Is A Good Paddling To Get You Back In Line" T-Shirt from Trauma Gear. This Pre-Shrunk 99% Cotton T-shirt comes in Ash. Available in large and x-large. TS002ASH Paddling T-shirt \$16.00

"Going . . . Going . . . Gone" T-Shirt from Trauma Gear. Sinus rhythm to V-tach to

Asystole, this shirt covers it. This Pre-Shrunk 99% Cotton T-shirt comes in Ash. Available in large and x-large. TS004ASH Going T-shirt \$16.00

It's Not Nice to Fib/ Don't Be Tachy T-Shirts Two more T's from Trauma Gear. Both are 99% pre-shrunk cotton in ash and feature the Trauma Gear logo on the front. The designs and their message are printed on the back in black and red. Available in large and x-large. TS012ASH Fib T-Shirt \$16.00 - TS013ASH Tachy T-Shirt \$16.00

Don't be



Tachy

Top Ten Reasons For Becoming a Nurse T-shirt. This 100% pre-shrunk cotton t-shirt is from the comic wit of cartoonist and anesthesiologist, Dr. Brian Moench. Front of shirt is design shown here. Back of shirt is the list, starting with "You enjoy working with really sick people . . . like doctors." Available in white. Sizes L or XL: TS008TEN Top Ten Reasons \$17.50, Size XXL: TS009TEN Top Ten Reasons \$19.95



Multicolor Jester Hat. Felt with jingle bells. Colorful addition to your humor basket. 5 1/2". One size fits most. MS032MJH Jester Hat \$7.95

Finger Hooks You'll want to hang everything on these. We can't resist

saying it: they're handy. 3 1/2" long. Four fingers packaged per box. MS042FH Finger Hooks \$2.99

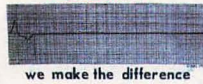
Going . . .



Going . . .

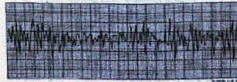


Gone . . .



we make the difference

It's not nice to



FIB



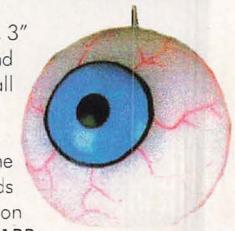
Brain Candle Better than a light bulb over your head. 6" wax candle. MS038BC Brain Candle \$5.00



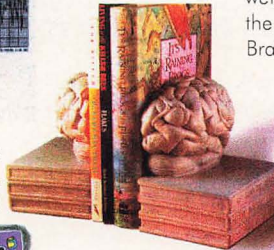
Heart Candle Turn on your heart light. 4 3/4" solid wax, startlingly lifelike. MS039HC Heart Candle \$5.99



Eyeball Candle Are your eyes burning? They should be! 5.5 oz, 3" wide eyeball features red veins and a raised iris. MS040EC Eyeball Candle \$3.99



Brain Bookends It's been said that reading broadens the mind, but never quite like this. Two 5" x 5 3/4" bookends weigh 8.3 lbs. and are protected on the bottom with rubber feet. MS041BB Brain Bookends \$25.00 each pair



Rubber Chicken Hand Puppet Weird mutant chicken eats small dogs. Hands down, this is the strangest puppet made. 15" long from head to toe. This is the stuff nightmares are made of. A fun toy for patient education. MS045RC Chicken Puppet \$6.99

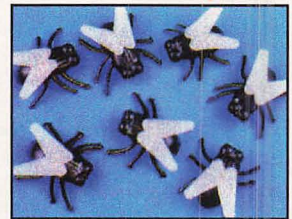


Parking Space Goddess Divine parking assistance. Adhere this 2 1/2" Windup Parking Space Goddess to your dashboard and your parking problems may be over. Wind her up and she flaps her wings. MS047PSG Parking Goddess \$2.99



Plastic Flies A great prank to play on surgeons. Sneak a few of these under that dressing he is about

to check. 3/4" long. Lots of uses! Use your imagination. MS035PF Plastic Flies \$.99 per dozen



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he opened the magazine and found a fully clothed centerfold. It cannot happen! Patients and centerfolds must be naked! It is a rule! It is a tradition! It is a way of life!

The patient had thrown the gauntlet. It had become Nancy's mission in life to first, get this man naked and second, find out just what his problem was. She talked, she reasoned, she pleaded and eventually begged. Nothing worked. The patient would not talk, but continued to pace the room in silence. An old chart was faxed from another hospital. It reported the man had been seen there a month earlier, but he refused to get undressed or be examined. No diagnosis was made and he left AMA.

After reading the fax Nancy Nurse broke. In frustration she raised her voice. "Just tell me what the problem is. I'm a nurse. You can tell me anything. You can tell me you're gay. You can tell me you have something stuck up your butt. You can tell me you were abducted by aliens and artificially inseminated! I don't care. Just tell me! I can't help you if you don't talk to me."

The patient responded by saying, "I wet my pants."

Confused, Nancy reached out and pulled up his T-shirt exposing his abdomen. Staring at the striae covered protruding belly, she quickly scanned the ceiling, searching for the hidden camera. Seeing no camera, she met the man's gaze. Shaking her head she said, "If I didn't know better, I'd think you were pregnant. How long has your stomach looked like this?" she queried.

"About nine months," he responded with a sheepish grin.

Her eyes moved from his abdomen to his ace wrap bound breast. At first Nancy snickered then she burst into full laughter in front of the patient. (She'll get better at keeping a straight face.) The patient let out a nervous snicker and then began to laugh as well. "I have to know," Nancy asked, "do you like boys or girls?"

"I guess I like both," he answered.

Nancy took her patient up to labor and delivery. She then went to the waiting room and attempted to explain to the patient's girlfriend that her significant other had been admitted to the hospital and could not see her right now.

After absorbing this story I went to the newborn nursery to see the baby. Then I called Nancy for confirmation of the he/she story. "Yes, it really happened," she said, "I took care of he/she and the pen man."

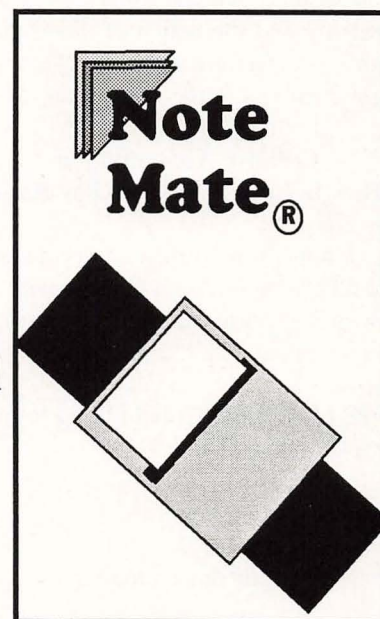
After a brief moment of mourning I formally bequeathed my throne of "attracts the crazies" to Nancy. Then I notified my supervisor I would be taking the job she offered me in staff education. Why stay in the ED? How could I ever top that story? Why would I want to?



**Help!!**  
**Where's my chart**  
**I need to write this**  
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# Liven Up!

## Fun For

# At Work

"Down-sizing," "re-structuring" and "re-allocation" are seldom spoken in the same sentence without some reference to creativity and the notion of doing more with less. Here are three pieces that address creativity in the workplace.

### Creative Accounting or How to Earn a Negative Pay Raise

I hope you managers, accountants and CEOs out there are familiar with the newest formula to calculate pay raises. If not, here it is:

#### 1998 Merit Raise Criteria (long form)

People I Have Saved \_\_\_\_\_  
(minus)  
People I Have Killed \_\_\_\_\_  
(equals)  
Cents-per-hour pay change \_\_\_\_\_

David Smith, RN  
Colorado Springs, CO.

### Creative Recycling

While working nights in a small rural hospital obstetric unit, we often had a bit of downtime, and were looking for creative ways to use it. Our hospital provides us with the leftover food from the day's menu at no charge. This is definitely a mixed blessing. One night, the soup they served had some very suspicious looking meatballs in it. We speculated about them for a while then came up with the perfect plan . . .

When the day shift nurses came on duty, we explained that we had gotten very busy towards the end of our shift and

were not able to collect all the soiled diapers from the cribs.

They were a bit surprised to find that each baby had produced two or three well formed, and suspiciously similar stools.

Christina Moulton RN  
Eureka, CA.

### Creative Caring

We are drawn to the emergency department by challenge and excitement. Here, nurses care for the widest range of patients. Realistically, however, quite a bit of what we do involves reassuring the worried well, patching up the walking wounded and caring for the incurable recyclables again and again. Since solutions are rarely found in books, we often use creative caring to handle these situations. Creative caring generates the little victories that keep us here.

Christopher looked frightened as his mother carried him into the emergency department. He needed a dressing change, and had been through this ordeal before. He was born with deformed hands, among other anomalies, and had undergone extensive reconstructive surgeries in his short lifetime. The latest surgery involved separation, grafting and creation of a thumb. As Mik, RN started to unwrap the large dressing, Christopher winced and began to turn away. He was obviously worked up and his emotional state escalated. Before he could be calmed, he began to scream and thrash about. His small hand struck out. The dressing was unraveling and small patches of blood started to appear.

Doreen "Duba" RN came to Mik's aid. Together they attempted to soothe the hysterical child with a communication method often used in the emergency department: nonsense.

Imagine the song *Duke of Earl*. "Duke, Duke, Duke, Duke of Earl, Earl, Earl" . . . Now use Duba's name . . . "Du, du, Du, Du Ba, Du, Du, Du, Du Ba" . . . and repeat it about 400 times. Mik started the tune. Doreen joined in, in beautiful two-part harmony. And as little Christopher became calm, and maybe a little bored, his hand was methodically cleaned.

His mother was ecstatic. She said past dressing changes had never gone so well. Creative caring had reaped a little victory.

Our greatest joy came two weeks later. Imagine how we felt when we passed the diagnostic imaging department and heard a little voice singing a familiar tune. Christopher was having a chest X-ray and singing, "Du, Du, Du, Du Ba . . ."

Doreen Duba Begley RN, BS, CEN  
Mik Staeck RN, BSN, CEN  
Sparks, NV

Please keep sharing your work humor with all of us. Remember, laughter isn't laughter unless it's shared with someone. *Liven Up!* is a regular feature in the *JNJ*. Send your story (50 to 200 words) about how you are using humor in your workplace to: Liven Up! Colleen Gullickson, RN, PhD, Rt. 1 Box 167A, Ridgeway, WI 53582. If we use your story you will get 2 copies of the *JNJ* with your contribution, and an exclusive *JNJ* T-shirt.



# REVOLUTION

THE JOURNAL OF NURSE EMPOWERMENT

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*Join Us!*

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And we're  
changing the system!

## HIGHLIGHTS

### HOSPITAL PRACTICES THAT ERODE NURSING POWER

Manipulation and deceit keep hospitals in power and nurses disenfranchised.

### ARE NURSES DESTINED TO BE A DYING BREED?

What the government isn't telling nurses about AIDS is what the hospital isn't protecting them against.

### DANGER - Hospitals At Work

Ongoing features exposing dangers in the clinical setting. Reporting hospital violations to OSHA and JCAHO

### LEGISLATIVE UPDATE

We will keep you updated on the bills and legislation in Washington D.C., and their impact on the nursing profession

### FLOATING

Nurses object to being pulled from their areas of expertise to care for patients on units where they have no experience. Some who protest are being listened to; others are being fired. Some legal advice on what to do about it!

### WHY DOESN'T A SMART GIRL LIKE YOU GO TO MEDICAL SCHOOL?

"You're just a nurse!" is one expression nurses have heard too often. A feminist awareness can brighten this dark picture.

### TOWARD A FEMINIST MODEL FOR THE POLITICAL EMPOWERMENT OF NURSES

A look at some old questions about the male dominated system of power and the inequality between nursing administration and staff nurses.

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How one nurse's 'good idea' turned into a 15 million dollar business.

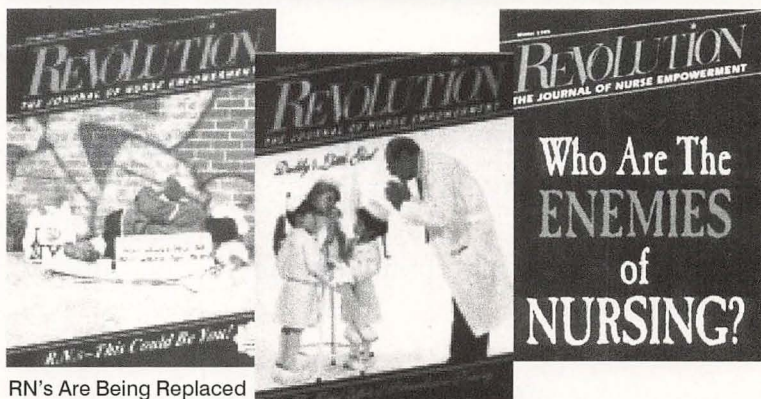
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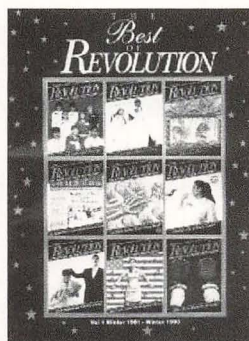
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# YOU KNOW YOU NEED A SECOND OPINION WHEN . . .

BY TERRI QUILLEN, RN



- Your surgeon keeps humming *Mack the Knife* as he cleans his dirty fingernails with a scalpel.
- Your psychiatrist asks if you've ever contacted space aliens through your microwave oven and suggests you give it a try.
- Your internist says aloud, "eenie, meenie, miney, moe," as he opens the PDR to select your medication.
- The plastic surgeon for your rhinoplasty says, "Are you really sure you wouldn't prefer breast augmentation? You'd get more dates."
- Your family practitioner says, "Well, you don't look sick."
- Your orthopedist says of your need for an artificial limb, "Don't worry about the cost. I can get it for you wholesale."
- Your psychologist worked his way through grad school as a used car salesman.
- Your pediatrician has toys all over his office, but if you touch one he screams and pulls it away from you.
- Your radiologist wears cardboard Superman 3D x-ray vision glasses to examine you.
- Your Medicaid-approved attending physician's name is Dr. Jack Kevorkian.
- Your allergist has red puffy eyes and a clear running rhinitis.
- Your HMO PCP has a needlepoint sampler of the Vermont State Motto hanging behind his desk. It says, "Live Free or Die."



# Is This a Hotel?

by Holly D. Inn, RN

Our small town hospital has all the amenities of a fine hotel. We offer the finest in room service—all meals are delivered to the patient. For those vacationing in the penthouse suite, better known as the ICU, we take the time to feed them tiny bites of their gourmet, low-sodium diets. These guests truly never have to lift a finger.

We offer recreational services, ambulating arm-in-arm with a nurse, wheelchair rides, cable television, even bingo once a month. And for those daring individuals who want a bigger thrill, IV therapy or surgery every Wednesday.

We have housekeeping and laundry services. We pass out, free of charge, the latest in designer lounge wear, complete with snappy shoulder snaps and ample amounts of fabric to cover the rear end, should the patient desire. We offer non-smoking rooms and operator-assisted long distance calls. If the patient asks nicely, we'll be glad to wash her hair and call in the beautician.

In addition to the services mentioned above, our seventeen bed hospital offers medical care for a wide variety of needs, including MIs, ingrown toenails, colonoscopies, sniffles, broken bones, incontinence, amputations and, the staff favorite, pneumonitis.

Medical care. Imagine that. A segment of our small town population can't quite grasp the concept of illness, as in who's sick and who isn't.

Saturday mornings in our rec room, otherwise known as the ER, we hold clinic hours for all those unfortunate individuals who couldn't find the time to see the doctor during office hours. They've been at death's door all week, staying home from work, slurping down chicken noodle soup and watching *The Young and the Restless*. By Saturday morning they can't stand to be sick another minute.

Then there's the tough guys, as they prefer to be called, dragged in by their wives with gaping wounds and limbs pointing in the wrong direction.

"When did this happen?" we ask.

"A week ago Monday."

As nurses, or rather valued employees of this fine

establishment, we work in the ER without complaining, then we dash down the hall to check on our other guests. Yes, the patient in ICU is still alive. The regulars are demanding their morning baths and back rubs before the big game on ESPN or their thousands of relatives descend upon the place. The relatives cause the most trouble, surrounding the nurses' station and demanding to be filled in on details of the patient's chronic condition. They also expect to be served hot coffee.

Check out time comes and goes, and our private pay patients stay on. These little old ladies live for each new illness, hoping to qualify for acute care but would settle for skilled. Hard as we've tried, fetching tissues and hot tea and answering phones does not fit into any DRG. Thus, "private pay" are the two most dreaded words in our facility. They mean that the patient has enough money to stay forever and knows all too well how to use his or her call light.

At this, the best hotel in town (or is it the hospital?), only first rate staff are employed. The nurses must be versatile, double-jointed, limber-limbed and able-minded enough to be able to perform all of their assigned duties along with those of pharmacist, receptionist, housekeeper, ward clerk, social worker and cook.

Regarding doctors, we are an equal opportunity employer. We hire the good, the very bad and sometimes, even the ugly. They run around in their white lab coats, and patients aren't sure if they're being treated by a doctor or a chef. And that's the way we like it.

We don't need doctors for diagnosing or prognosing. In our town of 1,200, rumor spreads quickly to our facility. We find out the true diagnosis of each guest through the downtown talk. This also gives us a pretty good idea of how long they will be staying and what their condition will be upon dismissal.

So, when our day is done, we remove our aprons and our stethoscopes. Then we nurses look back on our accomplishments and feel pride that we work for the finest hotel in town.





# Doctor Types and How to Deal With Them

by Christine Stephens, RN

Doctors, like other varieties of fauna, can be categorized into types. These labels are useful, not just for name calling, but to assist in individualizing their treatment. Here are some doctor types and how to deal with them.

**Dr. N. O. Seeum:** Sneaks onto the unit, writes orders and disappears like magic. Impossible to reach by phone or beeper.

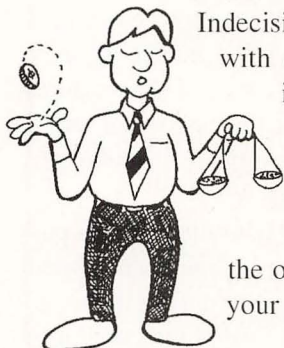
**How to deal with this type:** Communicate by notes. Write detailed requests and observations and send copies to his office, tack on his car windshield and in the doctor's lounge. Post a sentry at the nurse's station equipped with a lasso.



## Dr. I. M. Wavering:

Indecisive. Seeks opinions on how to deal with a patient from all staff members, including the housekeeper. Often changes orders, especially right after you've sent them to the pharmacy.

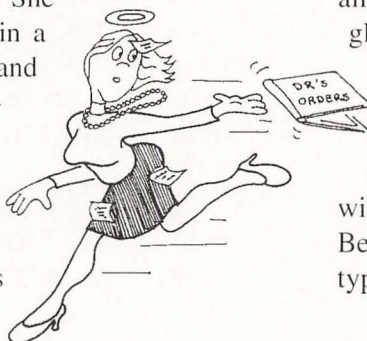
**How to deal with this type:** Write the orders for him. After all, you know your patient best. Be sure he signs.



**Dr. Ina Rush:** Cares deeply for her patients. So much so, she carries an overload of them. She arrives at the nurse's station in a flurry of flying notes, orders, and Post-Its, and creates a whirlwind of confusion.

## How to deal with this type:

Anticipate her arrival. Make a deal with security to forewarn you. Have all patient charts and orders lined up and ready to sign.



**Dr. I. N. Arush:** Not to be confused with Dr. Ina Rush, this blustery blow-hard doesn't care beans for his patients. He's in a hurry to get to a golf game. He is prone to temper tantrums, object hurling and obscenity shouting.

**How to deal with this type:** Same as Dr. Ina Rush. If his arrival cannot be anticipated, brush up on your evasive maneuvers and hide!

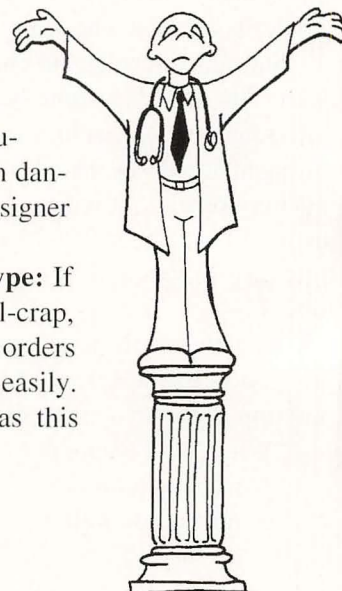


**Dr. Cryptic:** Known for indecipherable handwriting. Sometimes hails from a foreign country, or merely gets his jollies from confusing nurses.

**How to deal with this type:** Become a leech. Make sure he or she reads aloud everything as it's being written. Offer to write it yourself, provided it gets signed.

**Dr. I. B. Godsgift:** Suave and charming, he honestly believes nurses vie for his attention, and that his patients worship him. He usually has a Porsche key chain dangling temptingly from his designer lab coat.

**How to deal with this type:** If you can stand the bull-crap, play along with him and orders will be written and signed easily. Beware of frauds posing as this type.





**Dr. M. Itylofty:** Widely published, usually a specialist in some obscure field. Strides into the nursing station with his chest puffed out and his nose held high. Expects all lesser mortals to bow and scrape, charts to appear magically upon request, and orders never to be questioned.



**How to deal with this type:** Maintain a stone-faced demeanor. Ear plugs help. Ignore all behavior as long as orders get signed. If he must be approached for discussion, be sure it is done by your most battle-hardened veteran.

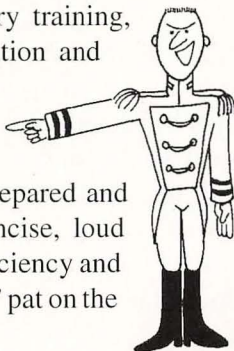


**Dr. Rudi Nasty:** Has a genuine disdain for nurses and thinks they're a nuisance. Unlike Dr. M. Itylofty, this type often uses his behavior to cover-up his lack of knowledge.

**How to deal with this type:** Ignore behavior as long as orders get written and are correct. If you are reasonably competent and don't mind a good fight, you can shovel it back at him and win.

**Dr. Armand Hammer:** Famous for his staccato order-shouting. Usually has military training, and expects nurses to snap to attention and salute upon his arrival. He is usually a good doctor, though, and prefers to be in the ER or on the Crash Team.

**How to deal with this type:** Be prepared and answer all questions in a clear, concise, loud voice. Demonstrate competence, efficiency and pride. Accept the "well done, soldier" pat on the back. You deserve it!



**Dr. Reilly Anangel:** Yes, these really do exist! Answers pages promptly and politely. Writes clear and legible notes and orders. Will offer you a ride home if you are stranded, or will write you a prescription if you're ill. Genuinely cares for his patients and gives hugs to distressed family members. Probably was a nurse before entering med school, or is married to a nurse.



**How to deal with this type:** Cherish this unique individual. Offer the coffee, donuts or candy you have stashed in the conference room. Invite him to your staff Christmas party. Place a framed picture of him in a prominent place and put incense and flowers under it.



## The Art & Science of Humor Humor Presentations by Kevin Lee Smith, RN, MSN

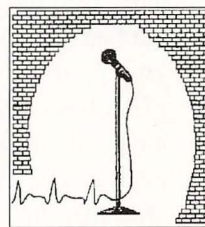
- \*Humor Workshops
- \*Stand-up Comedy
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- \*Garage Sales



Kevin combines his background as a Nurse Practitioner, stand-up comedian, and speaker to bring you entertaining and enlightening presentations. His stand-up comedy and presentations are catching on like a case of the giggles. He was recently named funniest male-nurse stand-up comedian on his block. For more information contact Kevin. (See below)

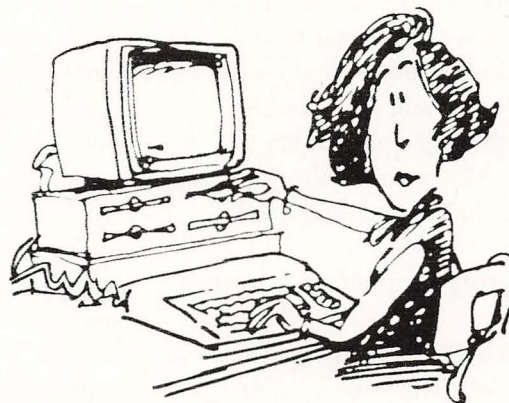
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### A Fist Would Be Serious

A student of mine was seeing a home health client. She was told to measure the client's calf for edema and reported it to be 1.5 cm. When the nurse questioned the student about how she arrived at this figure, she said that she pushed on the client's leg, and measured the diameter of the pit that her thumb made. Maybe this isn't a bad idea!

*Paula Boley, MSN, RN, C*

### Waiting for the Other to Drop

As a student, I was assigned to a patient who was two days. After a bed bath it was time to get her out of bed. Try as I might though, I could only find her right shoe. A fellow student walked into the room and found me on all fours, looking under the bed for the elusive second shoe. I told her what I was doing and then it hit me. The patient had a left AKA.

*Amy Nemetz*

# Student Nurse Cut-Ups!

## Morning Comedy

I, as an eager student on my first practical period, should wash an old lady, who was about 90 years old, in the bed. The lady was a little grumpy this day, and she would not really help me. She was not too happy about talking either. But we managed to finish the wash. But after that the problems started!

This lady should wear a dress, of the old fashioned type, with a lots of holes for arms and head. And this I should help her with wearing in the bed. The lady was not too helpful with the dress. We tried time after time, but the arms and head had their own will, and would only get in the wrong holes. I tried with my best voice to explain the lady how she best could help me, but she would not listen. At the end we had to capitulate. And we looked at each other, smiled and bursted out in laughter about our failed efforts to put the dress on.

So we agreed in that I had to get one to help me. I went out, with red ears, to get my nurse. When she came there was no problem to put the dress on. But the lady got in a much better mood after we had failed to put the dress on. And her good mood lasted for the rest of the day.

I have thought about this situation a lots of times in my study,

especially after I got my interest in humour in nursing care. I think that it tells a lot about the importants of laughing at failed situations. I think that it tells us that the lady, instead of a bad day, got a good day, because of this little "morning comedy."

*Stein M. Pettersen*

## Uplifting Experience

One day, our instructor gathered a group around the bed of a little 80 year old man to watch one of the students demonstrate applying a Texas (condom) catheter. Just as we started, the instructor was called to the next bed to help another student.

As the student started to put the catheter on, her finger got stuck in the adhesive and consequently stuck to the poor man's penis. She tried to get the instructor's attention, but the instructor was busy and just said, "You're doing fine, just keep it up!"

*S.T.McNicholas, RN*

*Student Nurse Cut-Ups is a regular feature in the Journal of Nursing Jocularity. Send your funniest true student nurse stories (50 to 150 words) to us at JNJ Student Nurse Cut-Ups! Judith Vallery, EdD, RN, 15106 Morning Tree, San Antonio, TX 78232. If we use your story you will get 2 copies of the JNJ with your story, and an exclusive JNJ T-shirt.*



# How Nursing School is Like Pregnancy

by Brigid Nave, RN

**During class the other day, our nursing instructor made several references to our graduation day, which will be occurring in nine months. This got me thinking . . . yes, it's true. Nursing school is like pregnancy.**

You realize you are embarking on a life-changing experience.

You are not sure you're making the right choice (who, me?).

You've gone too far to go back now.

You hope you make it to term.

You tell your spouse, "I really need your support and understanding during this time."

You are prone to emotional outbursts.

You are extremely fatigued.

You crave unusual foods at unusual times. You satisfy cravings because you deserve it.

You gain weight.

You feel the need to delegate simple household chores.

You take vitamins.

You sometimes feel unappreciated and unloved.

You are more mature than you were a month ago.

You swear you will never do this again, but other people who have been there laugh and vow that you will.

You sometimes yearn for the life that was.

Your family definitely yearns for the life that was.

If you had to start all over again . . . would you?





# Humor and Hostility

By William F. Fry, Jr., MD

## Part Three of a Three Part Series

If humor is such a wonderful part of life, why are there are so many prejudices against it? Why do people think humor is rude and vulgar? How come humor has the reputation for being trivial or insubstantial? I've been studying humor seriously since 1953. I cannot remember how many times I've met the astonishment of "You're studying what!?" frequently followed by, "Why?"

In two previous articles for the *Journal of Nursing Jocularly*, I've written about the widespread misconception that humor, mirth and laughter are trivial, inconsequential parts of life. And I've written about the misconception that humor is fragile and ephemeral. In this article I discuss a third, major misbelief about humor. This misconception is the belief that humor is an inherently hostile, violent element of human behavior.

People who believe this fallacy generally believe it intensely and vigorously. They suggest perhaps I'm the one in error, with my flaky, fuzzy ideas about humor.

Hostility may be a tough rap for humor to beat. We have all seen humor used in a hostile fashion. We may have been victims of it. We may have even used it that way ourselves.

Hostility with humor is common during adolescence. Most of us have unpleasant memories of teasing, sarcasm, mimicry, ridicule and satire, with some slapstick thrown in. But getting to voting age doesn't stop the jibing and teasing and witticisms. This

**It is a human touch, not the humor, that creates the hostility. Humor is the tool by which the hostility is delivered.**

truth can make it more difficult to argue against the hostility of humor.

It would be foolish to argue that humor cannot be used with hostility. But that is really not the point. The humor isn't hostile. The human who is using humor as a weapon is hostile.

It is very natural for humans to project their faults outside themselves. It is easier to blame humor than to blame the humorist.

It is a human touch, not the humor, that creates the hostility. Humor is the tool by which the hostility is delivered. As an example, look at a hammer. Humans create hammers, just as

humans create humor. The hammer is not inherently hostile; it can be used very constructively. Similarly, what about guns? The trouble is in the gunner. However, humor does not shed blood, but guns can and do. Sometimes all the blood a person has.

When humor is used with hostility, it hurts. Occasionally, that power is valuable. Humor can be used for hostility against predators, to protect things of value, such as reputation or security or freedom. Humor can be effective in opposing sources of violence or attempts to cause vicious destruction, as when lawyer Joseph Welch defeated Senator Joseph McCarthy's attempt to destroy American freedoms. The power of humor can encourage patience or stimulate physical or mental resistance to oppression. Anti-totalitarian underground humor expresses great hostility towards the regime, and provides great morale strengthening to oppressed citizens. This role of humor hostility can be heroic. But, in ordinary life, hostility with humor is undesirable and regrettable, and is painful.

If we projectively spotlight the humor as the hostile element, we misjudge the situation. Then the actual source of hostility escapes detection



and avoids correction. This is a cousin of the "I was only kidding. Can't you take a joke?" gambit, which is evasive by trivializing humor with, "what happened is not important, forget it." By projecting hostility onto the humor, the true human source of the hostility temporarily evades identification and control.

People who believe humor is hostile fall into two camps. On one side are those who scorn and condemn it and refuse to have anything to do with it. On the other side are those who exclusively and compulsively use humor with hostility. An example combining both sides is Nazi propaganda minister Joseph Goebbels. He followed his prejudice by establishing totalitarian procedures for punishing citizens who made jokes about the Nazis, and he ordered the creation and use of humor as a hostile weapon against enemies of the Nazi regime.

A belief that humor is essentially hostile could give it a bad reputation and cause people to avoid humor. Or, they could use humor exclusively as a weapon of hostility. Either way, they are missing all the positive, beneficial contributions of humor.

Another problem with this misconception: those of us who regard humor highly can be perceived unfavorably by those who think all humor is hostile. They may think of us as misguided and silly, or depraved, vicious and twisted, taking pleasure in that which is violent and cruel. In other words, one misconception leads to another. Alienation and misunderstanding develop. We can be condemned by what is actually pleasurable, enriching and beneficial in our lives.

This contamination can spread out to stain the image of many other positive institutions of life. Joy, happiness, joviality, gregariousness, jubilation, playfulness, wit, gaiety, enthusiasm, even love, may be regarded

with suspicion and disapproval. People can become misanthropic, sour, cynical, angry, or frightened and withdrawn. One of the most widely recognized historic occasions of that sort of disaster was the Oliver Cromwell period in England (1646-58). It was years before the impact of that tragic era began to drain out of the populace. A century later, in 1748, the Earl of Chesterfield enunciated his prejudice that "there is nothing so illiberal and so ill-bred, as audible laughter." Dur-

**People who believe humor is hostile fall into two camps. On one side are those who scorn and condemn it and refuse to have anything to do with it. On the other side are those who exclusively and compulsively use humor with hostility.**

ing the 1970's, I received a letter from a lady in Canada, who wrote about how she was trained in childhood (1910's) that "no matter how comical some things were, people (were to) hold back and control their natural God-given freedom of expression." Two hundred and fifty years after Cromwell!

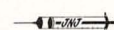
This hostility misconception can be the source of a great deal of prejudice and problematic confusion. It is not a simple error which can be ignored or dismissed as insignificant. This misconception is a classic example of a form of incorrect thinking which is responsible for many communication breakdowns. This is the fallacy of the map/territory mix-up.

The map/territory fallacy has received a great deal of scholarly attention by linguists and philosophers,

primarily devotees of the General Semantics discipline. This fallacy is an error of logic in which a physical entity is mistaken as being identical to a metaphor related to it. The territory, or actual physical region, is misidentified as being the same as the map which has been drawn to represent that region. Now, that sounds almost impossible. But a number of travelers have gotten lost because they took their maps too literally, especially back in the days when map making was not such a skilled craft as it generally is now, as in the case of Christopher Columbus. This becomes more complex when the subject under consideration is the relationship between a complicated behavior, such as hostility, and one of its instruments, such as humor, which already is inherently metaphoric to a marked degree. They are too complex to be sorted out easily.

The consequences of the hostility error include rigidity, misunderstanding, broken communication, fearfulness, compulsivity, loss, cynicism, suspiciousness and misanthropy. But there is more. Remember how embarrassing it is to end up in the wrong place because you misread the map? Some people resist asking for directions, because it's so embarrassing to admit being lost. Sometimes it's worse than simply an embarrassment. Significant interpersonal difficulties can arise.

The consequences of being mistaken about humor are very real and very practical. They can thrive in our everyday lives, as with the Canadian lady who lived the early years of her life without laughter, until she learned better, and began to follow her instincts about the pleasures and values of humor, mirth and laughter. The mistaken belief that humor is hostile can damage our lives.







# WHEN YOU CALL A NURSE FOR ADVICE

BY KAREN SPENCER, RN, ADM



Managed care involves, well, keeping patients from getting medical services. Sorry, that's *unnecessary* medical services. One way to keep patients out of the doctor's office is to talk them out of showing up.

It wouldn't look good for doctors to do this, so the job has been delegated to nurses. Managed care has brought triage out of the emergency department into the community, using telephone lines. To minimize liability and ensure consistency, nurses who answer these advice lines generally have scripts. Unfortunately, the callers don't. That means they have all sorts of questions. Here are some beliefs and practices potential patients bring to the triage line:

- Put off calling the triage service about your symptoms until three minutes after your doctor's office closes.
- The call should be placed by the person in the household who is hardest of hearing.
- If your cousin's hangnail led to an untimely death from sepsis, then yours probably will too.
- Call about that slight lesion on your upper arm. Twelve minutes into the call, when the nurse finally asks, "Do you have any more questions?" mention the crushing chest pain you've had since yesterday.
- Apologize repeatedly and profusely for asking such stupid questions.
- After the nurse's painstaking assessment and recommendation for emergency medical attention, call your aunt or son. One of them will give you permission not to worry.
- Calling your own physician is strictly forbidden, even if he gave you his after hours phone number, told you to call him, and he is on call that night.
- A bruise or a lump of any kind on one's leg, regardless of how small, invariably means you have a blood clot, and that you will die in your sleep if you don't do something about it right now.

- Despite the existence of emergicenters, evening clinics and emergency rooms, remember that medical care is impossible to obtain after five pm.
- A major blow to the eye that causes loss of vision can be safely ignored for several days.
- Profuse rectal bleeding is never a big deal, and will probably go away in time.
- The advice nurse can read your doctor's mind and predict his future actions, so don't bother to ask him any questions.
- If you have an infected lesion on your thumb and a flaming red streak extends from the lesion to your swollen armpit, get some Aloe Vera from a friend, apply it liberally, and your symptoms will be gone by morning.
- After the nurse leaves the phone briefly to look up the answer to your question, holler loudly through the receiver, "HellOOOOOOO, HellOOOOOOO." This will ensure that she returns in a timely manner to hear your other question.
- If the nurse and her resources can't answer your questions, her crystal ball can.
- When the nurse asks for a description of your problem respond with, "I don't know," and "I can't really tell."
- A person's chest pain will improve substantially or subside completely the moment the nurse recommends dialing 911.
- Be sure to ask three or more times if your problem is serious, and if you should be seen immediately. Ask at the beginning, middle and end of your call, even if the nurse has already replied each time you've asked. Finally, ask once or twice more before you hang up, to avoid any misunderstanding.
- Every now and then, make an obscene phone call, just to keep the nurses interested in their work.



# The Wonders of the PDR

by Micki Warner

Many wondrous books are available to health care practitioners. The lay public is unaware of these books: *Gray's Anatomy*, *Taber's Medical Dictionary* and the *PDR*, are just three held in high esteem by medical folk.

The *PDR*, also known as the *Physicians' Desk Reference*, is a weighty tome in more than heft. It is a volume loaded with updated information on every known drug. Not a book to be neatly tucked under arm, it requires a desk, since a lap could collapse from its bulk. Some say other medication books are more user-friendly. On the other hand, the *PDR* presses flowers with great success.

The latest story of the greatness of the *PDR* was

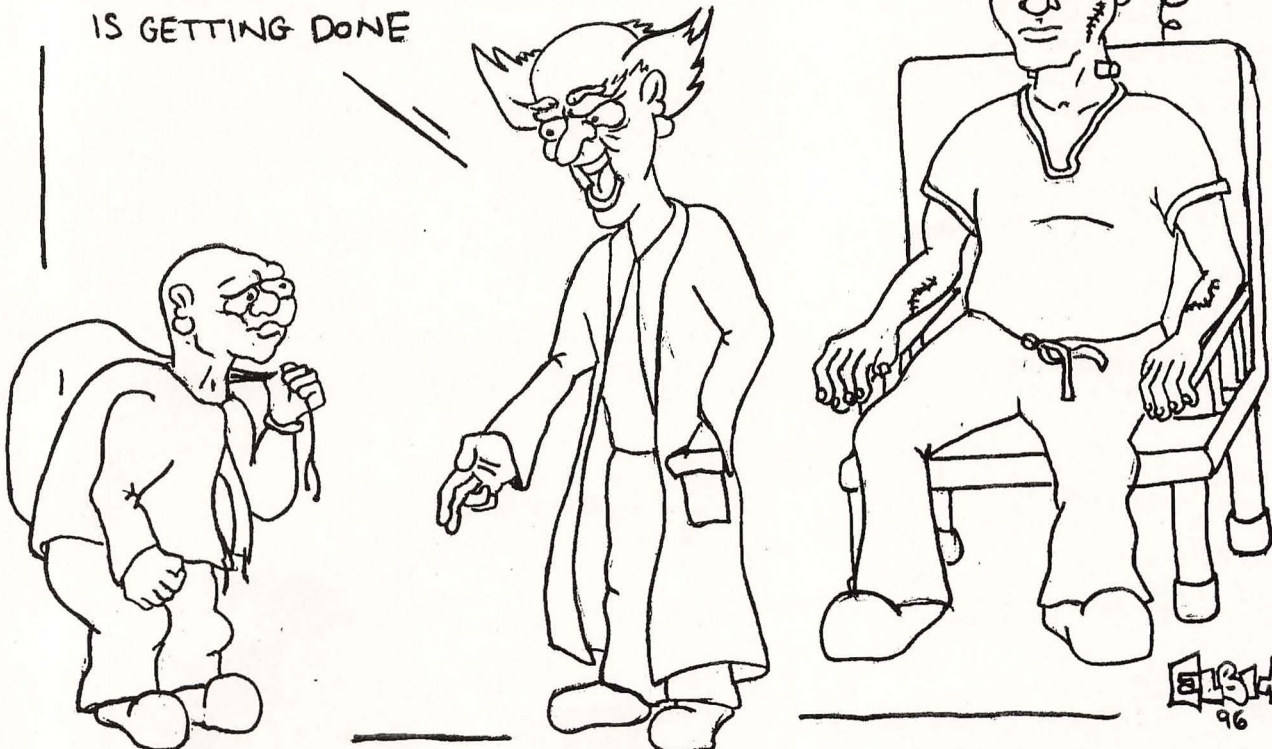
told by Louise in Florida, who used it to save a life. She did not use it to look up and spot a dire side effect of lethal drug combinations. Instead, she took advantage of its awesome size.

She responded to screams of her terrified patient and found a snake slithering on the floor beside the bed. Thinking fast, as nurses do, she ran to her desk and, with two hands, grabbed her *PDR*. Racing back to the room she slammed the huge book on the snake's head. Nurse and patient stared at the motionless snake topped by the blessed book.

The nurse whispered, "May he rest in peace."

IT HAS A DOCTOR'S HEAD, NURSES ARMS  
AND ADMINISTRATOR'S LEGS.

UNFORTUNATELY IT DOESN'T HAVE  
ENOUGH ARMS TO DO THE WORK THE  
HEAD WANTS, AND THE LEGS REFUSE  
TO STAND UNTIL A COMMITTEE IS  
FORMED TO FIND OUT WHY NOTHING  
IS GETTING DONE







### Psych/Mental Health Rap

by Joan Hoover, MS, RN

Let's talk about the side effects in ANS  
 The anticholinergics are a worrisome mess.  
 With Your mouth's like cotton and you're dry as a bone,  
 Slow at micturition with stool like stone.  
 If you fall on your face, it's antiadrenergic.  
 For the first few days, you'll think you're allergic.  
 BP up and down is the way it goes,  
 Teach "Easy does it" and "Get up slow."

And now it's time to talk about our EPS.  
 Extrapyramidal—you've read it in Phipps.\*  
 Your neck's in torticollis and your eyes are buggin' wide.  
 Acute dystonia or Parkinsonian slide?  
 For the first few days, suspect dystonia.  
 Psychotropic side effects ain't pneumonia.  
 Take benztropine to keep on groovin'  
 'Cause dopa blockade can mess with your movin'.

It's akathisia if you're pacing the hall.  
 The dose needs cuttin', give the doc a call.  
 If you've got an elevation and your throat is hot,  
 Old A-cytosis is what you've got.  
 Now the big, bad dude is tardive dyskinesia.  
 Your jaw is jerkin', lip smackin' will seize ya.  
 Stop the neuroleptic if you want to get straight.  
 There's no ready cure so you just can't wait.

Now the SRI's are the latest that's in,  
 Paxil and Prozac and Welbutrin.  
 Block the re-uptake, serotonin sticks around.  
 Side effects are fewer and happy days abound.  
 If nobody's around but you're hearing the call,  
 It may be you need a dose of Risperdal.

Now EPS, EPS, let's talk about EPS,  
 Extrapyramidal - you've read it in Phipps.\*

\* Phipps, W., Long, B., Woods, N., et al. (1991). *Medical-Surgical Nursing: Concepts and Clinical Practice*, 4th ed., St. Louis: Mosby Year Book. Pages 1724 and 1725.

### Hello Versed My Old Friend

(to the tune of The Sound of Silence)

by Katherine M. Link, BSN, RN

Hello Versed my old friend  
 I'll ask the doc for you again.

Because a vision softly creeping  
 Of my patient finally sleeping  
 Is a vision that was planted in my brain  
 And will remain  
 Oh, to hear the sound of silence.

In restless halls I walk alone  
 Waiting for the MD to phone.  
 'Neath the halo of a heat lamp  
 My patient's wet again, the sheet is damp.  
 When my eyes are stabbed by the flash of his empty bed  
 He's on his head  
 He broke the sound of silence.

And on his naked flesh I saw  
 A pressure sore and it was raw.  
 He was rancid and he was reeking.  
 A disinfectant I was seeking.  
 He was uttering words that voices never shared  
 No one dared  
 Make rounds 'till there was silence.

### I Got a New Line, Man

(to the tune of "Wichita Lineman")

by Jane Schweppe, RN

I do quality assurance  
 For a local HMO,  
 Searching through the charts  
 Counting yesses versus noes.

I gather all the data;  
 Analyze it real fine,  
 So that documentation  
 Toes the comp'ny line.

I knew I needed a career change  
 And I have no regrets,  
 To leave behind the bedside,  
 Still be a patient advocate.

No more bodily fluids;  
 No more a handmaiden nurse;  
 And my traveling expenses  
 Are all reimbursed.

Oh, I gather all the data;  
 Analyze it real fine,  
 So that documentation  
 Toes the comp'ny line.





Unfortunately, his PVC's were not the only things in the room wide and bizarre.



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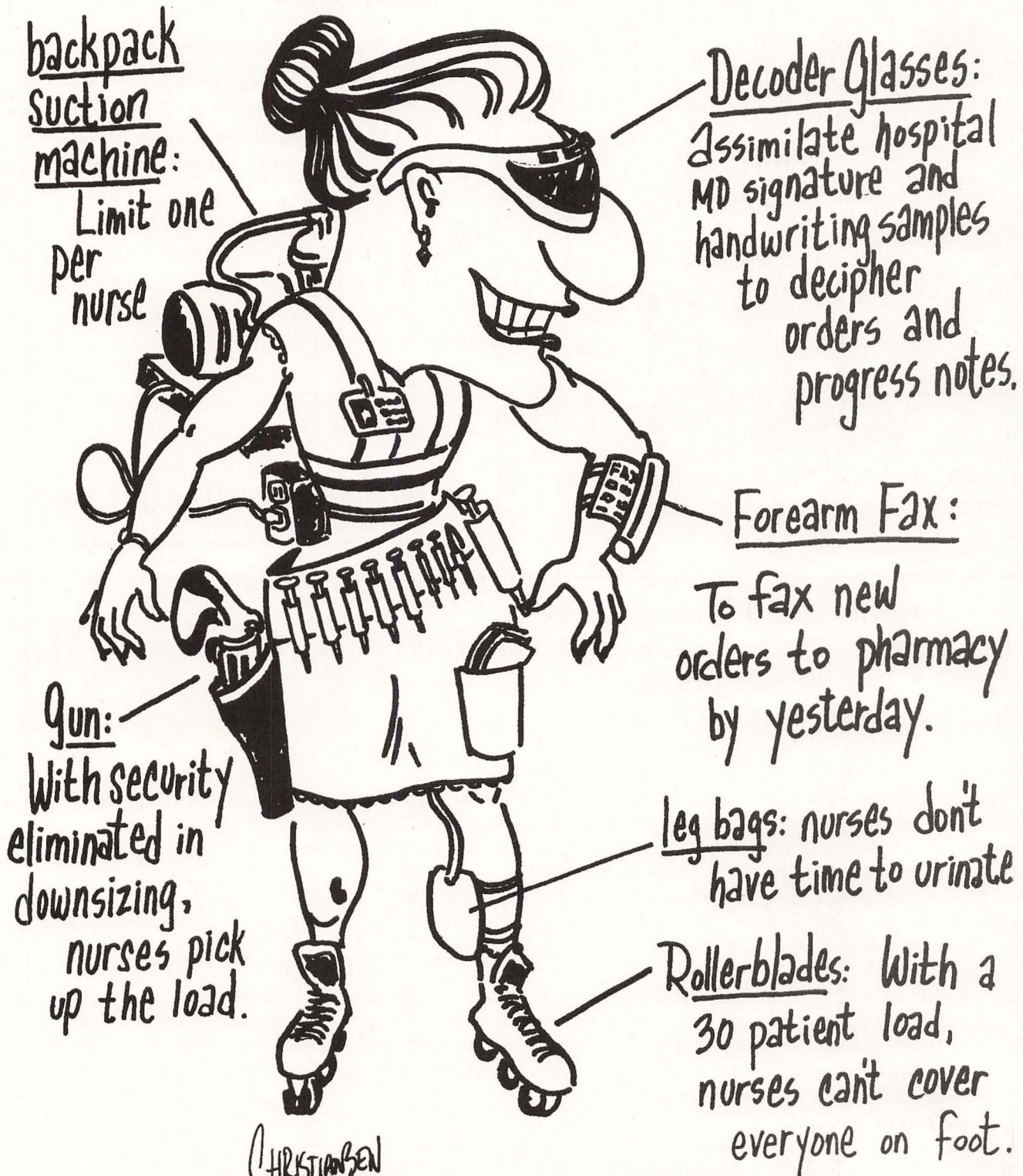
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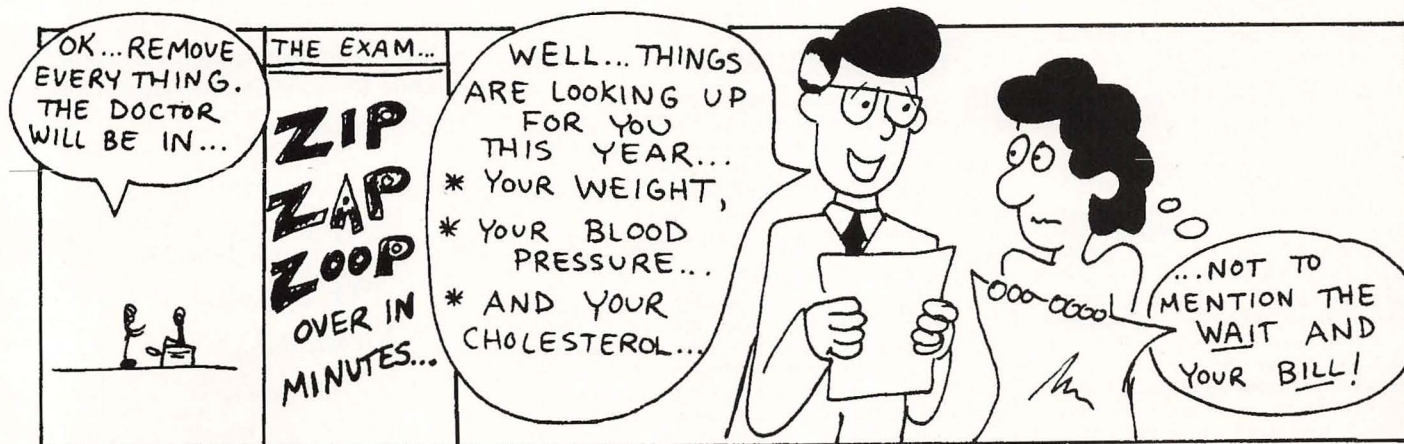
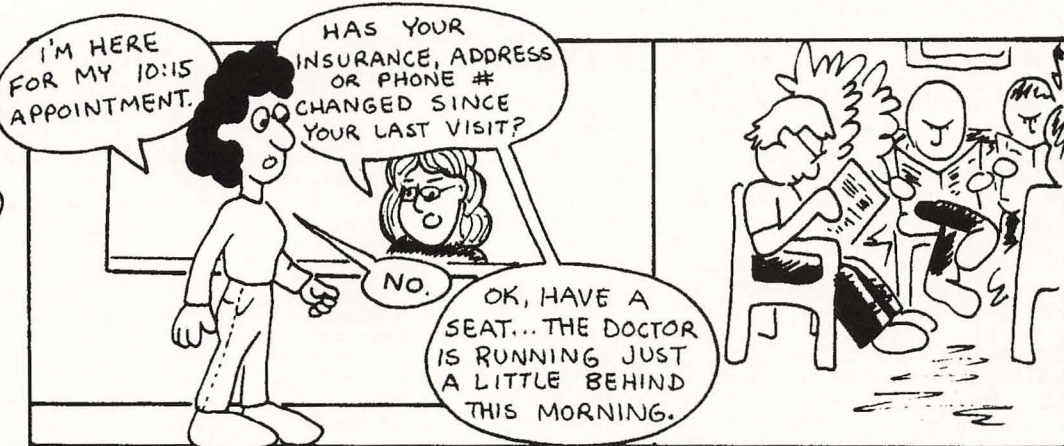


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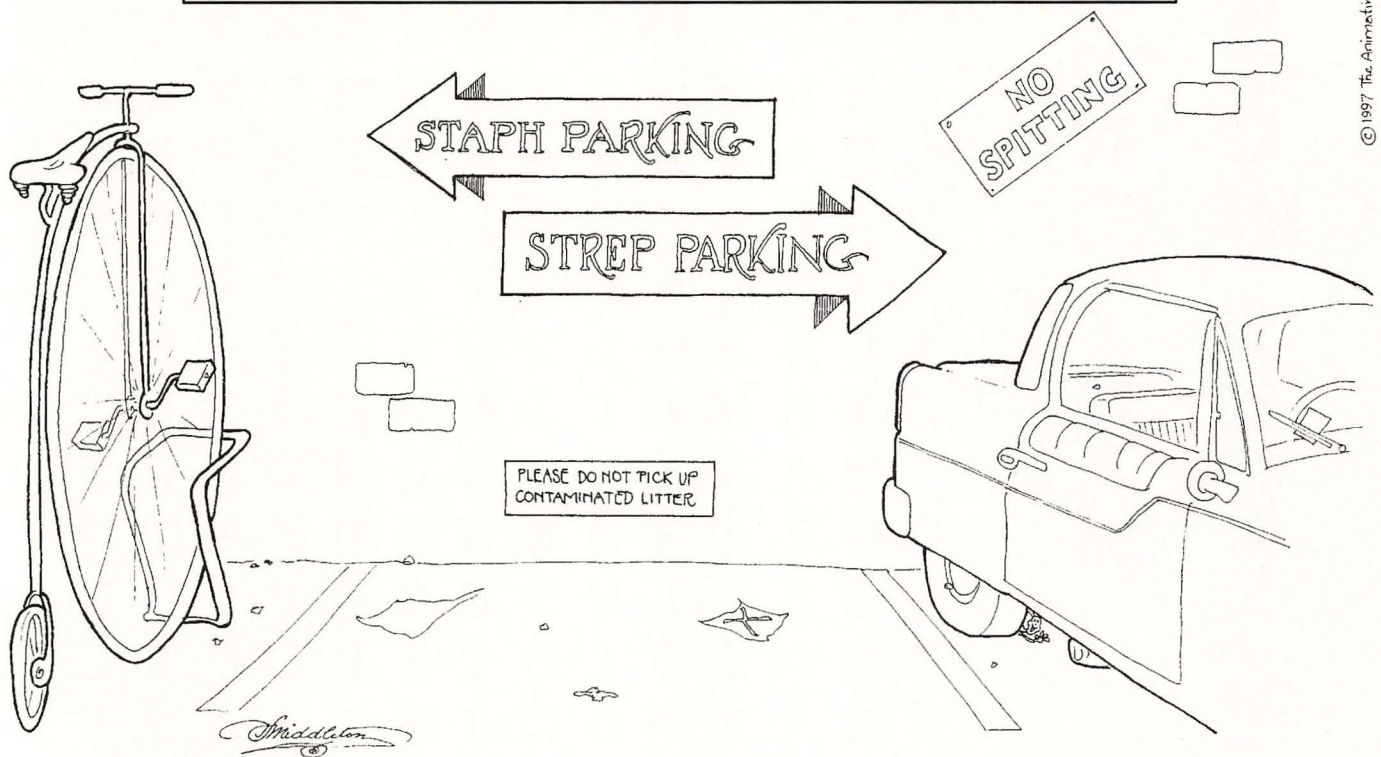
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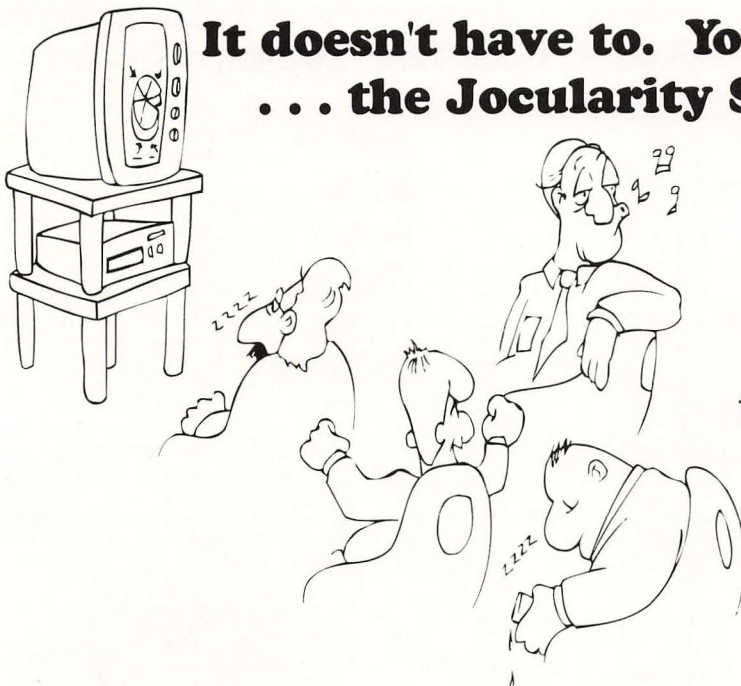
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# Nursing School

## Wordfind

Sandie Molloy, RN, MSN

P N I N R U N I F O R M S K P  
A D O A J N O I T A U D A R G  
T S S I E C I T C A R P Y O R  
H M N Y T J T H E O R Y I W A  
O R A T B A A M P K H K N R D  
P E L E C T R O L Y T E S E E  
H T P I N L T T S T S E T P S  
Y D E X O L S S N I Z C R A T  
S I R N T I I O D E B L U P U  
I M A A E K G B Q N C I C T D  
O W C A S S E S S M E N T S Y  
L L E C T U R E S Q V I O N E  
O N O I T I U T F B E C R C J  
G E E F F O C J W Z A A S F K  
Y F Y D Z Y S F I N A L S L X

Here are 26 words used in Nursing School. See how many you can find! Remember that words can be found horizontally, vertically and diagonally, and can be spelled forward or backward. Good luck! Solution on page 50.

Anxiety  
Assessments  
Careplans  
Clinical  
Coffee  
Concentration  
Electrolytes  
Finals  
Friends  
Grades

Graduation  
Instructors  
Lab  
Lectures  
Midterms  
Notes  
Paperwork  
Pathophysiology  
Practice  
Registration

Skill  
Study  
Tests  
Theory  
Tuition  
Uniforms



# Anacrostic

by Liz Schultz, CRNA, MS

Using the definitions, fill in the words in the blanks following their definitions. Using the numbers below each letter, transfer the letters to their corresponding places below. When completed, the transferred letters will reveal a joke. You can work back and forth between the words and the joke to fill in letters.

Commonly augmented body part

21 78 48 38 52 14

Defining trait of physicians

31 12 51 11 19 43 72 63 9

Purulence

69 33 6

“Root” of all evil (think twice)

41 59 81 28 13

Gland that secretes whinin

1 16 70 39 3 32 61 36

Gum disease

66 17 34 57 50 27 58 7 5 40

Considerate

53 67 55 77 30 47 45 49 62 42

\_\_\_\_\_ & Development

35 37 79 10 15 25

Sustained muscle contractions

74 9 46 20 44 75

The best medicine

54 26 65 57 8 24 9 37

Call for attention or a chocolate drink

60 56 22 2 64 76

What you do to the narcs at end of shift

63 73 23 29 4

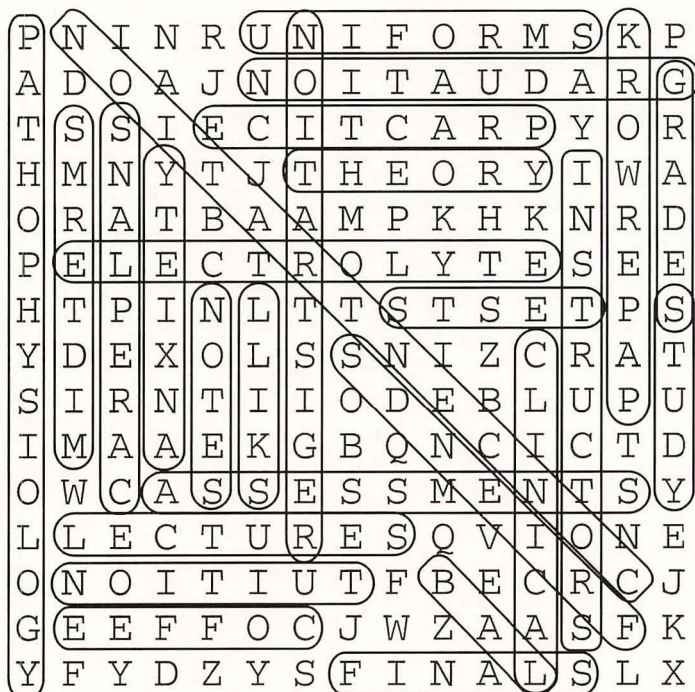
One who breastfeeds for another

80 59 36 18 68 51 71 9

Joke:

1 2 3 4 5 6 7 8 9 10 11 12 13 14  
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31  
32 33 34 35 36 37 38 39 40 41 42 43 44 45  
46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62  
63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78  
79 80 81





### Solution - Anacrositic

Breast	Growth
Arrogance	Tetany
Pus	Laughter
Penis	Yoo-Hoo
Whinalot	Count
Gingivitis	Wet-Nurse
Thoughtful	

What is the worst thing about having a lung transplant?

The first loogie you cough up is not your own.

## NEXT ISSUE

**Bathing Patients: Nursing Options** by Michael L. Williams, MSN, RN, CCRN, Cindy Donaldson, BSN, RN, CCRN and Laura Shakarjian, BSN, RN. Economic pressures are forcing nurses to look at why they do what they do and determine if there is a more efficient way to get the same job done. Bathing patients is one nursing task that has been woefully underscrutinized. Until now.

**You Know You're Working Too Much Overtime If . . .** by Jacquie C. Baldwin. While overtime can be a good thing (ask any bill collector), it is possible to have too much of a good thing. Are you working more but enjoying it less? Here's how to tell.

**I Am a Male Nurse** by Christopher Hughes, RN. Humor involves taking risks. Here's one man's inside view of nursing.

**Billable Hours** by Raymond Bingham, RNC. A hospital is not a community institution where the sick or injured go for treatment by a dedicated, professional staff. A hospital is a business. And here's the bottom line.

**Site Visit Survival: Emerging from the NLN Encounter with your Senses Intact** by Linda Hatke Ruhoff, MS, RN. Is your school of nursing due for an NLN site visit? Are you ready? Take this quiz and find out.

**The Ultimate Disclaimer** by Fran London, MS, RN. Children used to dream about what job they'll have when they grow up. Now they dream about who they'll sue to make their first million. You can't be too careful these days. A good disclaimer can save your professional butt.



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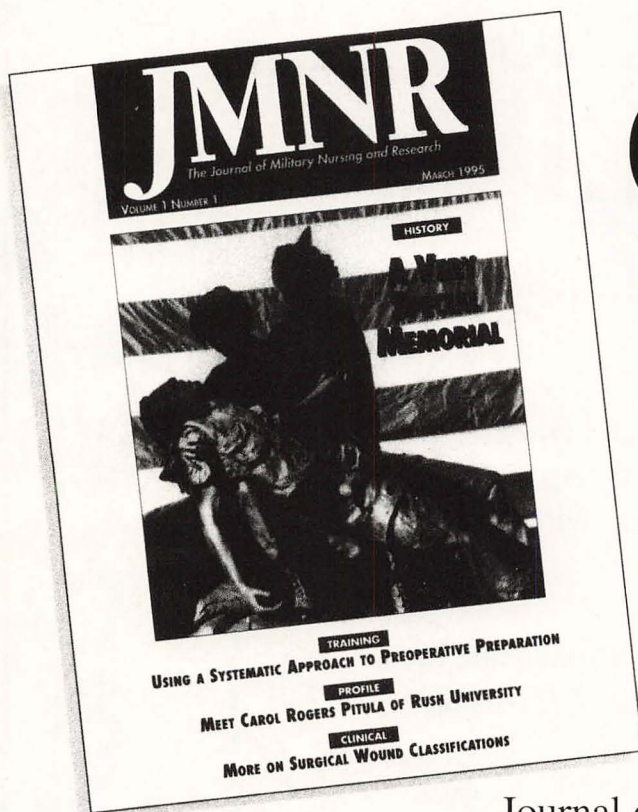
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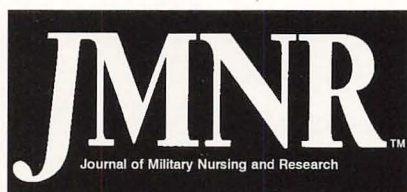
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# HUMOR

by Karyn Buxman, RN, MS

This issue includes numerous exciting projects produced by TouchStar Productions. TouchStar produces multimedia programs designed to help people survive the stresses of daily living and face the greatest challenges of their lives. "People are literally dying while waiting to be cured," says Barry Bittman, a Pennsylvania neurologist and CEO of TouchStar Productions. "In this age of health care reform, physicians, more than ever, must nurture the will to live and encourage patients to help themselves."

Laugh Jest for the Health of It! with Patty Wooten, RN (VHS Video, 36 minutes, \$24.95). Laughter and wellness—is anyone talking this silly stuff seriously? You bet they are! Over the years, humor programs have been developed in leading hospitals and health care settings throughout the world. Health care professionals now recognize that laughter can transform a life of suffering and hopelessness into a new chance for happiness and well-being. Our friend and colleague, Patty Wooten, RN, a leader, author and international speaker on the benefits of humor in health care,

provides an easy to understand overview of humor and its role in medicine and health. The video features pearls of wisdom from her two renowned clown characters, Nancy Nurse and Nurse Kindheart. It is a collection of valuable insights, practical suggestions and wonderful resources for beginning a humor program. It is also an informative guide for families, patients and health care providers, or anyone interested in learning to harness the true healing potential of a merry heart.

**Laughter and the Immune System: A Serious Approach** with Lee S. Berk, DrPH and Stanley Tan, MD interviewed by Barry Bittman, MD (Audio cassette tape 45 minutes, illustrated booklet 28 pages, \$15.95; with optional slide set [7 transparencies] \$29.95). Now you can hear a scholarly discussion of breakthrough scientific humor research as Barry Bittman interviews leading authorities Lee Berk and Stanley Tan. They discuss their

most recent findings in the field of psychoneuroimmunology, such as the effects of laughter on serum cortisol levels. With the aid of easy-to-understand graphs that show actual immune system changes, Berk and Tan uncover the essence of laughter's unique potential for helping to maintain and reestablish wellness. This program presents a wealth of medical evidence that supports the biblical statement, "A merry heart doeth good like a medicine."

I must point out that although the titles and content of these first two products are related to laughter, they tend to be more informative and educational than entertaining.

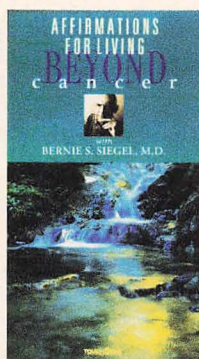
**Affirmations for Living Beyond Cancer** with Bernie Siegel, MD (VHS Video Hi-Fi Stereo 30 minutes, \$24.95). This video is an inspirational guide for facing the challenges of reestablishing health. Life is not without unexpected challenges. For some, the diagnosis of cancer is a rude awakening, only to be met with denial. For





others, it signals heightened awareness and new opportunities for enlightenment and inspiration. *Affirmations for Living Beyond Cancer* is a creative blend of spectacular natural scenery, uplifting music and motivating suggestions meant to gently guide you through a healing journey. It is an innovative multimedia approach based upon current scientific research that links the mind and the immune system for the achievement of wellness. The video features an introduction by best selling author and speaker, Bernie Siegel, MD. It showcases the naturecinema photography of Emmy Award winning director, Jan C. Nickman and a dynamic, uplifting soundtrack by internationally acclaimed recording artists, David Lanz, Jonn Serrie and Paul Speer.

*Affirmations for Getting Well Again* with O. Carl Simonton, MD (VHS Video Hi-Fi Stereo, 38 minutes, \$24.95). Through nature's example of harmony and balance, this video guides you through a journey for re-discovering wellness, happiness and inner peace. Your guideposts are a series of inspirational visual affirmations overlaid upon a wondrous canvas of natural scenery and complimented by a beautiful soundtrack meant to resonate with your soul. You are ultimately asked to close your eyes and tap deeply into your inner resources as you are led through a guided imagery journey with Erin Sommerville. *Affirmations for Getting Well Again* features an introduction with world renowned author and lecturer, O. Carl Simonton. It combines nature imagery showcasing the beauty and serenity of the Garden Isle of Kauai and an uplifting musical score by Max Highstein, L'Esprit and Shardad Rohani, the Conductor, Ar-

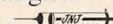


ranger and Orchestrator for Yanni's "Live at the Acropolis." *Affirmations for Getting Well Again* and *Affirmations for Living Beyond Cancer* would be perfect resources for humor rooms, support groups, or individuals dealing with terminal and chronic illnesses.

And last, but certainly not least, is one of the most innovative programs I've ever been involved with: *SMILE (Subjective Multidimensional Interactive Laughter Evaluation)*, the **Computer-Based Guide for creating personalized humor programs** (\$79.95, Minimum System Requirements Windows 3.1 or 95, 486 or Pentium, hard drive, mouse or pointing device, VGA monitor, and printer). While humor is a powerful tool, individuals differ in their styles and preferences. What might work for one person may turn off or even offend another. *SMILE* surveys key information about the subject's present stressors, emotional state, coping style and humor preferences, then automatically reports a wealth of information that serves as a

guide for the development of a personalized humor prescription. *SMILE* transforms each subject's responses into specific recommendations for developing a humor approach that begins on the right foot. The computer program features an extensive database of humor books, audiotapes and videos that precisely meets the needs of the subject (video database by Blockbuster) and shows you how to obtain those resources. *SMILE* was created by a team of leading researchers, physicians, nurses, psychologists, and humor experts, to help you harness the power of what may very well be "the world's best medicine." *SMILE* is user friendly and can be set up in just minutes. There are no commands to learn. Perfect for hospitals and clinics, support groups, rehabilitation units, business settings and educational institutions.

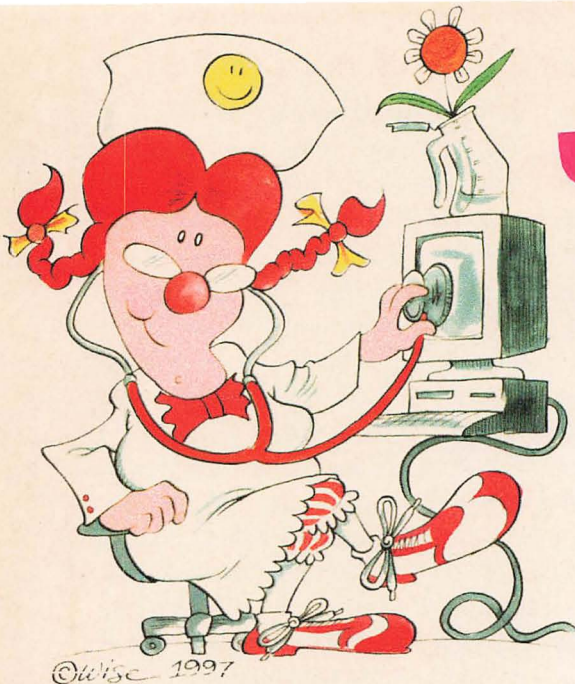
To order any of these products or for more information, contact TouchStar at 1-800-759-1294 or e-mail doctorb@touchstarpro.com or visit the TouchStar website at www.touchstarpro.com. Until next time, I remain yours in laughter!



"I'd like a Teenage Mutant Ninja Surgeon.....  
.....a Nurse Barbie.....and an attorney  
punching bag....."







# Jest for the Health of It!

by Patty Wooten, BSN, a.k.a. "Nancy Nurse"

## Interview with Cancer Survivor Christine Clifford

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Christine Clifford is a breast cancer survivor. She is also a wife, businesswoman, author and mother of two young boys. Her first book, "Not Now I'm Having a No Hair Day" (Pfeifer-Hamilton, 1996) reveals how a sense of humor provided her with the strength and courage she needed to face the challenge of cancer. I met Christine at the Booksellers Convention, where somehow, amidst a crowd of 20,000 authors and publishers, we were able to meet and share our mutual interest in therapeutic humor.

*PW: Christine, please tell us about how you discovered the healing power of humor.*

*CC:* I was diagnosed with breast cancer and told I had an aggressive Stage 3 tumor. I was told that I must have a lumpectomy followed by chemotherapy. I was very scared. My mother was diagnosed with breast cancer at the age of 38. She literally gave up on life and within 4 years, she died. I was very upset and depressed when I got my diagnosis. I absolutely believed I was going to die of breast cancer, the way my mother did.

My first experience of the potential healing power of humor came just after Christmas. I was diagnosed just before Christmas and my husband and



I decided not to tell the boys until after the holidays. When we told them about the cancer and the medicine that would cause all of my hair to fall out, my son Tim stated: "Cool, now you will look like Captain Picard (on Star Trek)." His response was so pure and innocent, I burst forth with laughter.

It was the first time in eight days that I had laughed. It felt so good, so refreshing. I realized that I could laugh again, and that there was nothing to stop me.

A few weeks later, I had a very unusual experience. I awoke at three AM, went downstairs and began to draw cartoons about my "adventure" with cancer. I had never drawn a cartoon before, so this was a very strange experience. It was like I couldn't draw them fast enough. After drawing about 50 cartoons, I went upstairs got into bed and asked myself: "What was that all about?"

The next day I went to the library and asked for humorous books about cancer. The librarian looked at me as if I was crazy. She showed me books by Erma Bombeck and Gilda Radner but those books were not entirely humorous. They were tragic too; they made me cry.

I vowed to myself that I would look for the humor in my adventure with cancer. A few months later, my husband and I attended a championship golf tournament in Arizona. We



were standing at the sidelines with a large group of observers, TV cameras, and journalists. Suddenly, a gust of wind blew my wig off and onto the center of the fairway. At first I was mortified, but then my sense of humor eased the embarrassment. I walked out, picked it up and announced boldly: "Gentlemen, the wind is blowing from left to right." Everyone laughed and I felt much more comfortable.

*What did you do on days when you couldn't laugh?*

I think the biggest obstacle to laughter was fear—fear of the unknown, of what the future might hold. On days when I couldn't laugh about anything, I always found that kids could help me see the funny side of a situation. I recommend that people spend time with children. If you don't have your own kids or grandkids, look for neighborhood kids, nieces, nephews or try volunteering somewhere that has kids. You can also read things kids have written like, "Children's Letters to God". Kids can help us put everything in perspective. When we gain perspective, it helps us to find an "attitude of gratitude" — I would remind myself that I had a wonderful husband, family, home, job and that this cancer could just be a "blip in the road."

*Why do you think that kids can make us see the humor in our situation?*

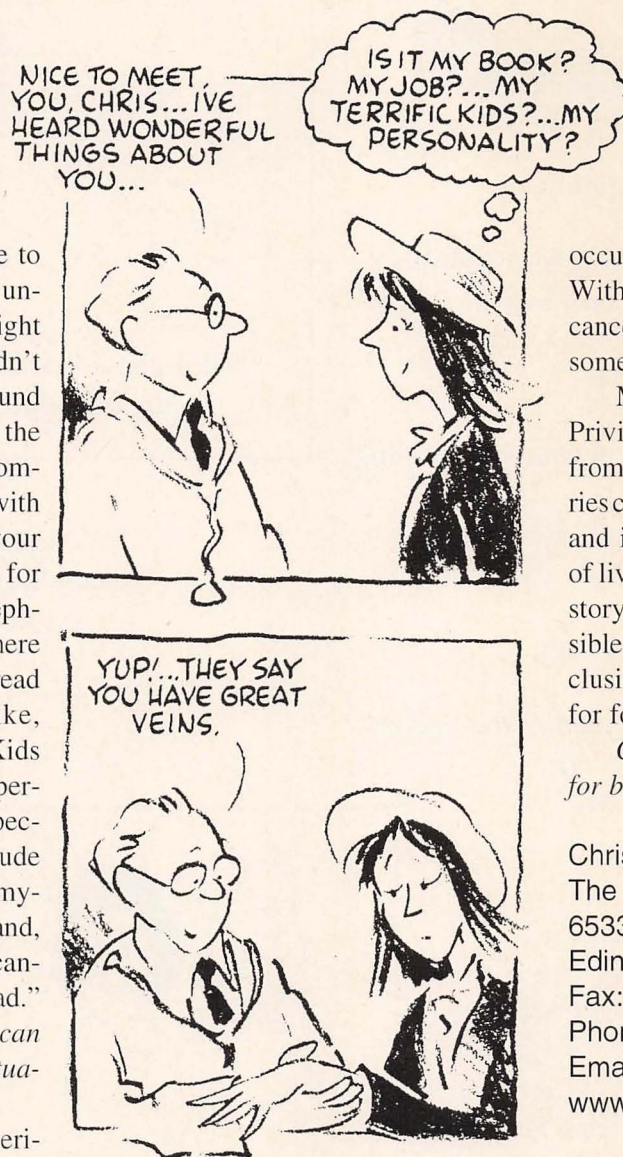
Kids don't recognize the seriousness of a situation. They don't understand how frightening it can be. They are innocent and what they say is natural and funny.

*How did the doctors and nurses that cared for you respond to your use of humor?*

They all embraced my use of humor. In fact, many of the ideas for my cartoons came from situations with my caregivers. They wrote endorse-

ments for my book and encouraged me to establish the Cancer Club.

*Most of our readers are nurses. Some of them may be reluctant to use humor with a patient facing the challenge of cancer. Can you offer some advice?*



I'd just say "Try it, you'll like it." Most people won't use humor because they don't want to say the wrong thing. I'd recommend sharing a little joke or one liner. You could also leave a little funny item at the bedside. A positive response will open a doorway to a more personal connection. A negative can open a conversation about why it's "not funny." Most people will

respond positively. Cancer patients really want a chance to laugh, it's just the others that are too cautious and conservative.

*Tell us more about the Cancer Club and your new books.*

The purpose of the Cancer Club is to market humorous and helpful products for cancer patients. We have T-shirts, videos, audiotapes, jewelry, and a newsletter. My second book, "Our Family Has Cancer Too" is written for children, and explains what will occur during the treatment of cancer. With a bit of humor it talks about cancer and will hopefully decrease some of the fear kids have.

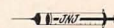
My third book, "Cancer Has Its Privileges," is a collection of stories from people with cancer. These stories come from both patients and nurses and illuminate the humorous aspects of living with cancer. If anyone has a story, they can send it to me for possible inclusion. The deadline for inclusion is December 31, 1997. (Call for format options.)

*Christine, you are an inspiration for both patients and nurses.*

Christine can be contacted at:  
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[www.cancerclub.com](http://www.cancerclub.com)

Clifford, C. (1996) *Not Now, . . . I'm Having a No Hair Day*, Duluth, MN: Pfeifer-Hamilton Publishers.

Clifford, C. (1997) *Our Family Has Cancer Too*. Duluth, MN: Pfeifer-Hamilton Publishers.









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